


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # N32516**  
 1. Entity Name  
 GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.



Principal Place of Business  
 1715 FOREST DRIVE  
 INVERNESS, FL. 34451-1916 US

Mailing Address  
 P O BOX 1916  
 INVERNESS, FL 34451-1916 US

**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>41-2212486  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

HNAT, SUSAN  
 534 W. DOERR PATH  
 HERNANDO, FL 34442

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan M. Hnat, Treasurer* 3/4/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KOONCE, SANDRA<br>9425 E SOUTHGATE DR<br>INVERNESS, FL 34450          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ALLEN, ANNETTE S<br>1549 E SEATTLE SLEW CIRCLE<br>INVERNESS, FL 34453 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HNAT, SUSAN<br>534 W DOERR PATH<br>HERNANDO, FL 34442                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PEKINS, NANCY<br>3425 S CROSSBILL LOOP<br>INVERNESS, FL 34450          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CHAPPELL, CHRYSTINE<br>3499 E CHAPPELL COURT<br>HERNANDO, FL 34442     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KAPPHAHN, MARGARET<br>P.O. BOX 341<br>FLORAL CITY, FL 34436            |

U00000850126  
 03/21/08-80050-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Hnat* 3/4/08 352-746-2889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #