


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 012 ****61.25

DOCUMENT # N34934			
1. Entity Name GFWC APOPKA WOMAN'S CLUB, INC.			
Principal Place of Business 609 VIA MILANO CIRCLE APOPKA FL 32712 US		Mailing Address PO BOX 336 APOPKA FL 32704 US	
2. Principal Place of Business 2120 Wekiwa Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apopka FL		City & State	
Zip 32703	Country	Zip	Country
4. FEI Number 59-2147646		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, DOLORES 609 VIA MILANO CIRCLE APOPKA FL 32712		7. Name and Address of New Registered Agent Name Betty Ann Huntsman Street Address (P.O. Box Number is Not Acceptable) 2120 Wekiwa Dr City Apopka FL Zip Code 32703	
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 Betty Ann Huntsman (NOTE: Registered Agent signature required when reinstating) April 19 2005 / DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, DELORES 609 VIA MILANO CIRCLE APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Ann Huntsman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 Wekiwa Dr Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORROW, DENA 1516 WHEELER RD. APOPKA FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sherry Dahlstedt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 214 N Line Dr Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS FORTUNATIO, LOUISE A 1124 LAKE FRANCES DR. APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, DOROTHY 820 LOCH CALDER DR., #18 APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD NEVILLE, DOLORES 801 HILLSIDE DR APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dena Morrow <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1516 Wheeler Rd Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ELMORE, CARLENE P.O. BOX 697 APOPKA FL 32704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy Morris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-19-05 407-886-1400 Date Daytime Phone #	