


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90039 050 ****61.25

DOCUMENT # N34934 1. Entity Name GFWC APOPKA WOMAN'S CLUB, INC.					
Principal Place of Business 2120 WEKIWA DR APOPKA, FL 32703 US			Mailing Address PO BOX 336 APOPKA, FL 32704 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2147646	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTSMAN, BETTY ANN 2120 WEKIWA DR APOPKA, FL 32703				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 HUNTSMAN, BETTY ANN 2120 WEKIWA DR APOPKA, FL 32703	<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	VP SAHLSTEDT, SHERRY 214 N LINE SR APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAHLSTEDT, SHERRY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS FORTUNATIO, LOUISE A 1124 LAKE FRANCES DR. APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DE NEVILLE 802 HILLSIDE DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, DOROTHY 820 LOCH CALDER DR., #18 APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAY HUTH 2730 MAXWELL DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD MORROW, DENA 1516 WHEELER RD APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V MILLIE McBoe 802 E 6th STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ELMORE, CARLENE P.O. BOX 697 APOPKA, FL 32704	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JOYCE HAYWARD 457 DRAGE DRIVE APOPKA, FL 32703
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: <u>Kay Huth, TD</u> <u>Kay Huth</u> <u>1-17-06</u> <u>407.889.2872</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					