


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 031 ****61.25

DOCUMENT # N34934	
1. Entity Name	
GFWC APOPKA WOMAN'S CLUB, INC.	

Principal Place of Business	Mailing Address
2120 WEKIWA DR APOPKA FL 32703 US	PO BOX 336 APOPKA FL 32704 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
214 N. Line Drive	P.O. Box 336
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
APOPKA FL	APOPKA FL
Zip	Zip
32703	32704
Country	Country
Orange	ORANGE

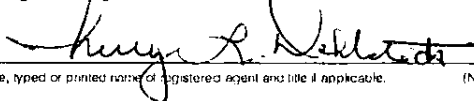
4. FEI Number	Applied For
59-2147646	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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 Dahlstedt, Sherry
Street Address (P.O. Box Number is Not Acceptable)
214 N. LINE DRIVE
City
APOPKA
State
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	DATE
	3-4-07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HUNTSMAN, BETTY ANN
STREET ADDRESS	2120 WEKIWA DR
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	VP
NAME	DAHLSTEDT, SHERRY
STREET ADDRESS	214 N LINE SR
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	RSD
NAME	NEVILLE, DE
STREET ADDRESS	802 HILLSIDE DR
CITY-STATE-ZIP	APOPKA FL 32712
TITLE	TD
NAME	HUTH, KAY
STREET ADDRESS	2720 MAXWELL DR
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	2VD
NAME	MCBEE, MILLIE
STREET ADDRESS	802 E 6TH ST
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	CS
NAME	HAYWARD, JOYCE
STREET ADDRESS	457 DRAGE DR
CITY-STATE-ZIP	APOPKA FL 32703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD
NAME	Sherry Dahlstedt
STREET ADDRESS	214 N LINE DR.
CITY-STATE-ZIP	APOPKA, FL 32703
TITLE	VP
NAME	MILLIE MCBEE
STREET ADDRESS	802 6th St.
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	RSD
NAME	PAM BONGIER
STREET ADDRESS	1327 Fort Lee Trail
CITY-STATE-ZIP	APOPKA FL 32712
TITLE	T/D
NAME	Robin McEwen
STREET ADDRESS	1672 GOLFIDE VILLAGE CT.
CITY-STATE-ZIP	APOPKA FL 32712
TITLE	2V/O
NAME	MARTY HARRISON
STREET ADDRESS	1231 Lake Piedmont Circle
CITY-STATE-ZIP	APOPKA FL 32703
TITLE	C/O
NAME	Joyce Hayward
STREET ADDRESS	457 DRAGE DR.
CITY-STATE-ZIP	APOPKA FL 32703

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE: 3-4-07	DAYTIME PHONE: 407-814-0935
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