

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34934

FILED
Feb 12, 2008
Secretary of State

Entity Name: GFWC APOPKA WOMAN'S CLUB, INC.

Current Principal Place of Business:

214 N LINE DRIVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-2147646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAHLSTEDT, SHERRY
214 N LINE DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RSD () Delete
Name: BONGIER, PAM
Address: 1327 FOXTREE TRAIL
City-St-Zip: APOPKA, FL 32703

Title: PD () Delete
Name: DAHLSTEDT, SHERRY
Address: 214 N LINE SR
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: MCEWEN, ROBIN
Address: 1672 GOLFSIDE VILLAGE CT
City-St-Zip: APOPKA, FL 32712

Title: 2VD () Delete
Name: HARRISON, MARTY
Address: 1231 LAKE PIEDMONT CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: VD () Delete
Name: MCBEE, MILLIE
Address: 802 E 6TH ST
City-St-Zip: APOPKA, FL 32703

Title: CD () Delete
Name: HAYWARD, JOYCE
Address: 457 DRAGE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RSD (X) Change () Addition
Name: BORNMAN, SUSAN
Address: 487 DREAN LAKE DR.
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN MCEWEN

TD

02/12/2008

Electronic Signature of Signing Officer or Director

Date