

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 039 ****61.25

DOCUMENT # N35863 1. Entity Name GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.					
Principal Place of Business P O BOX 14554 CLEARWATER, FL 33766 US			Mailing Address P O BOX 14554 CLEARWATER, FL 33766 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAIDLEY, CAROLYN 109 JASMINE CIR SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name SAME AS #6. 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 <u><i>Carolyn Waidley</i></u> Carolyn Waidley				DATE 4-11-07	
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete LUTTMAN, DIANE 1020 KENT LANE PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete CANFIELD, RANDI 211 NORTH BAY HILLS BLVD SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete D PADAVICH, MARIE 907 KINGSCOTE CT. SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Lisa Hurley 910 Palmetto Dr Safety Harbor, FL 34695		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete TD WAIDLEY, CAROLYN 109 JASMINE CIR SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete SD CRUZ, AMANDA 3024 ST. CROIX CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Beverly Brown 1116 Bramblewood Dr Safety Harbor, FL 34695		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VD SHERLOUK, LIZ 2650 CLUBHOUSE DR, S CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD		
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><i>Carolyn Waidley</i></u> Carolyn Waidley				DATE 4-11-07	