

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90028 050 \*\*\*\*61.25

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07202008 Chg-NP CR2E037 (12/06)

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|--|---|--|--|--|--|
| <b>DOCUMENT # N35863</b><br>1. Entity Name<br><b>GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br>P O BOX 14554<br>CLEARWATER, FL 33766 US  |   |  | Mailing Address<br>P O BOX 14554<br>CLEARWATER, FL 33766 US  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br><br>Zip  |   | City & State<br><br>Zip  |  | 4. FEI Number<br><b>NOT APPLICABLE</b>                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WAIDLEY, CAROLYN</b><br><b>109 JASMINE CIR</b><br><b>SAFETY HARBOR, FL 34695</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <u>SAME AS #6</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <u>FL</u> 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>Carolyn Waidley</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   | <u>Carolyn Waidley</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                  |  | <u>7-21-08</u><br><small>DATE</small>                                      |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b>         |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>LUTTMAN, DIANE<br>1020 KENT LANE<br>PALM HARBOR, FL 34683         | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>Lori Jones<br>179 Valencia Cir<br>St. Petersburg, FL 33714           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CANFIELD, RANDI<br>211 NORTH BAY HILLS BLVD<br>SAFETY HARBOR, FL 34695  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HURLEY, LISA<br>910 PALMETTO DR<br>SAFETY HARBOR, FL 34695        | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>Lauren Hershiser<br>2820 Morgan St.<br>Tampa, FL 33602                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>WAIDLEY, CAROLYN<br>109 JASMINE CIR<br>SAFETY HARBOR, FL 34695    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BROWN, BEVERLY<br>1116 BRAMBLEWOOD DR.<br>SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>SHERLOUK, LIZ<br>2650 CLUBHOUSE DR, S<br>CLEARWATER, FL 33761     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>Susan McQueary<br>500 Trinity Lane #1105<br>St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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>Carolyn Waidley</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>Carolyn Waidley</u><br><small>Date</small>  |  | <u>7-21-08</u><br><small>Daytime Phone #</small>                           |  |