2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35863

Apr 22, 2009 Secretary of State

Entity Name: GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 14554 109 JASMINE CIRCLE

CLEARWATER, FL 33766 US SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

P O BOX 14554 P.O. BOX 14554

CLEARWATER, FL 33766 CLEARWATER, FL 33766 US US

FEI Number: 59-1402120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAIDLEY, CAROLYN 109 JASMINE CIR

SAFETY HARBOR, FL 34695 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

VD (X) Change () Addition () Delete

JONES, LORI WAIDLEY, CAROLYN Name: Name: 179 VALENCIA CIR Address: 109 JASMINE CIRCLE Address:

City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete Title: (X) Change () Addition CANFIELD, RANDI Name: MCQUEARY, SUSAN Name:

Address: 211 NORTH BAY HILLS BLVD Address: 500 TRININTY LANE #7105 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Delete Title: () Change () Addition

HERSHISER, LAUREN Name: Name: Address: 2820 MORGAN ST. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

() Delete Title: TD Title: (X) Change () Addition

WAIDLEY, CAROLYN Name: Name: HURLEY, LISA 109 JASMINE CIR Address: Address: 910 PALMETTO

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete Title: (X) Change () Addition

BROWN, BEVERLY BROWN, BEVERLY Name: Name: 1116 BRAMBLEWOOD DR. 1116 BRAMBLEWOOD DR. Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete Title: (X) Change () Addition

MCQUEARY, SUSAN OLLERMAN, DEBBIE Name: Name: Address: 500 TRINITY LANE #1105 Address: 9 IBIS CIRCLE

SAFETY HARBOR, FL 34695 SAINT PETERSBURG, FL 33716 City-St-Zip: 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: CAROLYN WAIDLEY P/T 04/22/2009

Electronic Signature of Signing Officer or Director

Date