


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90027 025 ****61.25

DOCUMENT # N37657 1. Entity Name GFWC MT. DORA WOMAN'S CLUB, INC.	
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Principal Place of Business 4137 LAKE FOREST MOUNT DORA FL 32757 US	Mailing Address 4137 LAKE FOREST MOUNT DORA FL 32757 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/04)
4. FEI Number 45-0503025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENTHAL, JULIE A 4137 LAKE FOREST MOUNT DORA FL 32757
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7. Name and Address of New Registered Agent
Name
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	P <input type="checkbox"/> Delete
NAME	VANSEHAACK, ANN
STREET ADDRESS	2602 GABLES DR
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	T <input type="checkbox"/> Delete
NAME	BENTHAL, JULIE A
STREET ADDRESS	4137 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	2DVP <input type="checkbox"/> Delete
NAME	ZALYS, PEARL
STREET ADDRESS	832 E. 9TH AVE
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	3DVP <input type="checkbox"/> Delete
NAME	NELSON, JUDITH
STREET ADDRESS	251 POND ROAD
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	RDS <input type="checkbox"/> Delete
NAME	QUINN, MARION
STREET ADDRESS	444 LAURA LANE
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	CSD <input type="checkbox"/> Delete
NAME	MATSCH, SARAJANA
STREET ADDRESS	1013 BRISTOL BLVD APT 105
CITY-ST-ZIP	MOUNT DORA FL 32757

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Schaack
STREET ADDRESS	correction
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motsch
STREET ADDRESS	correction
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Julie A. Benthal Julie A. Benthal Treasurer 4-4-05 352-383-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #