

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 010 ****61.25

DOCUMENT # N37657

1. Entity Name

GFWC MT. DORA WOMAN'S CLUB, INC.



Principal Place of Business

**4137 LAKE FOREST
MOUNT DORA FL 32757
US**

Mailing Address

**4137 LAKE FOREST
MOUNT DORA FL 32757
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

45-0503025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTHAL, JULIE A
4137 LAKE FOREST
MOUNT DORA FL 32757**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VAN SCHAACK, 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	MOTSCH, 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Judith	
STREET ADDRESS	251 Pond Road	
CITY-ST-ZIP	Mount Dora, FL, 32757	
TITLE	1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tague, Vivian	
STREET ADDRESS	1825 Normandy Dr	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tugend, Patricia	
STREET ADDRESS	7706 Arcadian Ct.	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	3rd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Groeller, Mary	
STREET ADDRESS	748 E. 9th Avenue	
CITY-ST-ZIP	Mount Dora, FL, 32757	
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinn, Marion	
STREET ADDRESS	444 Laura Lane	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benthal, Julie	
STREET ADDRESS	4137 Lake Forest	
CITY-ST-ZIP	Mount Dora, FL 32757	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Julie A. Benthal* Julie A. Benthal (Treasurer) 4-5-06 352-383-0212