

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N37657**

1. Entity Name

GFWC MT. DORA WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

4137 LAKE FOREST  
MOUNT DORA FL 32757  
US

4137 LAKE FOREST  
MOUNT DORA FL 32757  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0503025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	NELSON, JUDITH	
STREET ADDRESS	251 POND ROAD	
CITY-STATE-ZIP	MOUNT DORA FL 32757	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	TAGUE, VIVIAN	
STREET ADDRESS	1825 NORMANDY DR	
CITY-STATE-ZIP	MOUNT DORA FL 32757	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	TUGEND, PATRICIA	
STREET ADDRESS	7706 ARCADIAN CT	
CITY-STATE-ZIP	MOUNT DORA FL 32757	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	GROELLER, MARY	
STREET ADDRESS	748 E 9TH AVENUE	
CITY-STATE-ZIP	MOUNT DORA FL 32757	
TITLE	RS	<input type="checkbox"/> Delete
NAME	QUINN, MARIAN	
STREET ADDRESS	444 LAURAHENCCE	
CITY-STATE-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENTHAL, JULIE	
STREET ADDRESS	4137 LAKE FORREST	
CITY-STATE-ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000625480
STREET ADDRESS	02/14/07-80076-023 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 Benthal (Julie Benthal)*

*2-5-07*

*352-383-0212*