## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N37657

1. Entity Name GFWC MT. DORA WOMAN'S CLUB, INC.



## **FILED** Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90038 016 \*\*\*\*61.25

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Principal Plac 4137 LAKE F MOUNT DOR	FOREST	Mailing Address 4137 LAKE FOREST MOUNT DORA, FL 3275	7 US		ORIS BIIGI BIIN IBDI BIINI OTAL B		11 <b>21 81 11</b> 5
Principal Place of Business - No P.O. Box #     3. Mailing Address							
		GFWC Mt. Dora Waman's Club, I		Inc			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. 13</b> ox <b>47</b> l		01072008 Ct	ng-NP CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number		Ap	plied Fr
, r <sup>2</sup> *		Mount Dora , FL.		45-050302	5	No	t Applic
Zip	Country	Zip 32756-0471	Country Lake	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	itional
	6. Name and Address of Current			7. Name and Add	ress of New Registered	Agent	
BENTHAL, JULIE A 4137 LAKE FOREST MOUNT DORA, FL 32757  Name Bonnic E. Tedder Street Address (P.O. Box Number is Not Acceptable)  2/08 Daywood Circle City Dora FL Zip Code 32757							
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 acc. processing 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							
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campa Trust Fund Cont			•	\$5.00 May Be Added to Fees	Florida Depa		ate
10.	OFFICERS AND DI		11.		ES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, JUDITH 251 POND ROAD MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	P. Same		L Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TAGUE, VIVIAN 1825 NORMANDY DR MOUNT DORA, FL 32757	<b>™</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Van Scheeck, Ann 2602 Gables D Eustis , FL 32	rive	🔀 Change	Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TUGEND, PATRICIA 7706 ARCADIAN CT MOUNT DORA, FL 32757	<b>⊯</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Groeller, Mary 748 E 9th Avenu Mount Dora , FL	ue	<b>⊠</b> Change	Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP GROELLER, MARY 748 E 9TH AVENUE MOUNT DORA, FL 32757	<b>□</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP Julic Benthal 4137 Lawe For Mount Doca, F		<b>Æ</b> Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS QUINN, MARIAN 444 LAURAHENCCE MOUNT DORA, FL 32757	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Susan Mason 24507 Rolling Oc Sorrento, FL	nk Road	Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENTHAL, JULIE 4137 LAKE FORREST MOUNT DORA, FL 32757	<b>☑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tedder, Bonni 2108 Dogwood Mount Dora, F	e Circle	Change	☐ Ad

Julis a. Benthe

Julie A. Benthal (Transmer) 4/3/08

352-383-0212

<sup>12.</sup> 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 informatic 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 direct 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 changed, or on an attachment with an address, with all other like empowered.