## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37657

FILED Apr 26, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4137 LAKE FOREST MOUNT DORA, FL 32757 US				2108 DOGWOOD CIR MOUNT DORA, FL 32757 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
GFWC MT DOR WOMEN'S CLUB, INC POB 471 MOUNT DORA, FL 327560471 US			POB 471	GFWC MT DORA WOMAN'S CLUB, INC POB 471 MOUNT DORA, FL 327560471 US	
FEI Number:	: 45-0503025	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
2108 DOG MOUNT D The above in the State	e of Florida.		urpose of changing its registe	red office or registered agent, or both,	
SIGNATUF		is Signature of Degistered Ages	^ <del>+</del>	Data	
		ic Signature of Registered Ager		Date	
OFFICERS	S AND DIREC	rors:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () NELSON, JUDIT 251 POND ROA MOUNT DORA,	AD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	1VP () VAN SCHAACK, 2607 GABLES I EUSTIS, FL 32	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VP () GROELLER, MA 748 E 9TH AVE MOUNT DORA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	3VP () BENTHAL, JULI 4137 LAKE FOR MOUNT DORA,	REST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RS () MASON, SUSAN 24507 ROLLING SORRENTO, FL	G OAK RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () TEDDER, BONN 2108 DOGWOO MOUNT DORA,	DD CIR	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: BONNIE E. TEDDER T 04/26/2009