
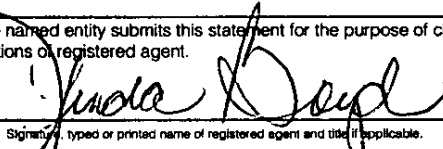
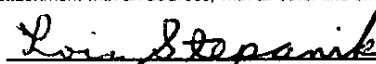


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90023 017 \*\*\*\*61.25

<b>DOCUMENT # N37977</b> 1. Entity Name <b>GFWC WOMAN'S CLUB OF WEST BROWARD, INC.</b>					
Principal Place of Business <b>2001 NW 82 AVE PEMBROKE PINES, FL 33024 US</b>			Mailing Address <b>2001 NW 82 AVE PEMBROKE PINES, FL 33024 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0201214</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BOYD, LINDA 2001 NW 82 AVE PEMBROKE PINES, FL 33024</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 		<b>LINDA Boyd</b>		04/28/06	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POWELL, MARY</b>		NAME		
STREET ADDRESS	<b>8501 SEDGEWYCK CIRCLE WEST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE, FL 33331</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOYD, LINDA</b>		NAME		
STREET ADDRESS	<b>2001 NW 82 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PEMBROKE PINES, FL</b>		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARR, MARGO</b>		NAME		
STREET ADDRESS	<b>13323 SW 40 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE, FL 33330</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOGGIN, JUDY</b>		NAME		
STREET ADDRESS	<b>2020 N.W. 82 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WIRTH, JACQUELYN</b>		NAME		
STREET ADDRESS	<b>5401 LANCELOT LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE, FL 33331</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Stepanik, Lois</b>	
STREET ADDRESS			STREET ADDRESS	<b>708 North Park Rd</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
12. 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 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: 		<b>Lois Stepanik</b>		04/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	