



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90023 015 \*\*\*\*61.25

<b>DOCUMENT # N37977</b> 1. Entity Name <b>GFWC WOMAN'S CLUB OF WEST BROWARD, INC.</b>					
Principal Place of Business 2001 NW 82 AVE PEMBROKE PINES, FL 33024 US			Mailing Address 2001 NW 82 AVE PEMBROKE PINES, FL 33024 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 <b>65-0201214</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOYD, LINDA</b> <b>2001 NW 82 AVE</b> <b>PEMBROKE PINES, FL 33024</b>				7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>POWELL, MARY</b> <b>6501 SEDGEWYCK CIRCLE WEST</b> <b>DAVIE, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOYD, LINDA</b> <b>2001 NW 82 AVE</b> <b>PEMBROKE PINES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARR, MARGO</b> <b>13323 SW 40 STREET</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WIRTH, JACQUELYN</b> <b>5401 LANCELOT LANE</b> <b>DAVIE, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STEPANIK, LOIS</b> <b>708 N PARK RD</b> <b>HOLLYWOOD, FL 33021</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>PRESIDENT</b>  <b>WIRTH, JACQUELYN</b>  <b>5401 LANCELOT LANE</b>  <b>DAVIE, FL 33331</b> </div>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>TREASURER</b>  <b>GOGGIN, JUDY</b>  <b>2020 N.W. 82 AVE.</b>  <b>PEMBROKE PINES, FL 33024</b> </div>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>SECRETARY</b>  <b>CULVER, DOLORES</b>  <b>949 SW 149 TERR.</b>  <b>SUNRISE, FL 33326</b> </div>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 any other like empowered.					
<b>SIGNATURE:</b>  <b>LINDA BOYD</b>					
<div style="display: flex; justify-content: space-between;"> <span><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></span> <span><small>Date</small> <b>3/27/08</b></span> <span><small>Daytime Phone #</small> <b>954-435-3271</b></span> </div>					