


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90009 033 ****61.25

DOCUMENT # N46299 1. Entity Name GWFC PINELLAS SEMINOLE WOMAN'S CLUB INC.					
Principal Place of Business 122 THATCH PALM WAY LARGO, FL 33770 US			Mailing Address 122 THATCH PALM WAY LARGO, FL 33770 US		
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 59-3107900	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STINSON, JANET 122 THATCH PALM WAY LARGO, FL 33770			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 <u><i>Janet Stinson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-7-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	1V	<input checked="" type="checkbox"/> Delete	TITLE	IV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANUNDSON, ELLEN		NAME	Spohn, Sharon	
STREET ADDRESS	14560 BAY HILLS DR		STREET ADDRESS	8830 110th Ln	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, JOSEPHINE		NAME	Hollenbeck, Virginia	
STREET ADDRESS	7149 123RD STREET NORTH		STREET ADDRESS	9209 Seminole Blvd. #154	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINSON, JANET		NAME	Ann Graeca	
STREET ADDRESS	122 THATCH PALM WAY		STREET ADDRESS	11600 Tradewinds Blvd.	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	Largo, FL 33773	
TITLE	2V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROSS, PATRICIA		NAME	Joanne Trombetta	
STREET ADDRESS	14482 MARK DR		STREET ADDRESS	13138 75th Ave. N.	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Seminole, FL 33776	
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEMETH, MARY		NAME		
STREET ADDRESS	5705-80TH ST. NORTH #315		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHN, MARTHA		NAME		
STREET ADDRESS	9700 SEMINOLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
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: <u><i>Janet Stinson, Treas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-7-06</u> <small>Date</small>		
			DAYTIME PHONE # <u>727 581-8745</u> <small>Daytime Phone #</small>		

ATTACHMENT

60001018
#N46299

DTN: 1239841 CH2285

STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR THE CALENDAR YEAR 12/31/04 OR YEAR ENDING 12/31/05

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ. If providing a 990-EZ or 990 without lines 13-16 completed, you must complete lines 9-12 below.

Is this a consolidated financial statement? ☐ Yes ☐ No

REVENUE

1. Contributions, gifts, grants, and similar amounts received
 - a. Direct public support (attach list of solicitors/co-venturers & amounts, if any) 1a. \$10,248.00
 - b. Indirect public support (attach list of sources and amounts) 1b. 360.38
 - c. Grants (attach list of sources and amounts) 1c. _____
 - d. Total (add lines 1a, 1b, & 1c) 1d. \$10,608.38
2. Inventory sales
 - a. Gross sales 2a. N/A
 - b. Less cost of goods sold 2b. N/A
 - c. Gross profit (or loss) (line 2a less line 2b) 2c. N/A
3. Special events and fundraising activities
 - a. Gross revenue (not including contributions reported on line 1) 3a. 8868.00
 - b. Less direct expenses 3b. 2025.00
 - c. Net income (or loss) (line 3a less line 3b) 3c. 6843.00
4. Program service revenue 4. N/A
5. Membership dues and assessments 5. 1475.00
6. Sale of assets other than inventory
 - a. Gross sales 6a. N/A
 - b. Less sales expenses 6b. N/A
 - c. Net gain (or loss) (line 6a less line 6b) 6c. N/A
7. Other revenue (attach list of sources and amounts) 7. _____
8. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c & 7) 8. 18,926.38

EXPENSES

9. Program services (including payments to affiliates) 9. 9530.25
10. Management & general 10. 1855.66
11. Fundraising 11. \$2025.00
12. TOTAL EXPENSES (add lines 9, 10, & 11) 12. 13,410.91

NET ASSETS

13. Excess (or deficit) for the year (line 8 less line 12) 13. 5515.47
14. Net assets or fund balance at beginning of year 14. 8560.52
15. Net assets or fund balance at end of year (add lines 13 & 14) 15. 14075.99

Balance Sheet:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	<u>N/A</u>	_____
Land and building	<u>N/A</u>	_____
Other assets (describe on separate sheet)	<u>N/A</u>	_____
Total assets	_____	_____
Total liabilities (describe on separate sheet)	_____ (Line _____)	_____ (Line _____)
Total assets or fund balance	14) _____	(Line 15) _____