

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90030 038 \*\*\*\*61.25

**DOCUMENT # N46299**

1. Entity Name  
**GFWC 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**

**40000063**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3107900**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

**FL**

Zip Code

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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1V  
SPOHN, SHARON  
8830 110TH LN  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Stinson, Janet  
122 Thatch Palm Way  
Largo, FL 33770** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLENBECK, VIRGINIA  
9209 SEMINOLE BLVD. #154  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
Coughlan, Patricia  
11800 Park Blvd. #311  
Seminole, FL 33772** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
STINSON, JANET  
122 THATCH PALM WAY  
LARGO, FL 33770** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
Sanders, Linda  
12437 90th Ave. N  
Seminole, FL 33772** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2V  
BROSS, PATRICIA  
14492 MARK DR  
LARGO, FL 33774** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CS  
Russell, Mary  
14158 88th Ave. N  
Seminole, FL 33776** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RS  
NEMETH, MARY  
5705-80TH ST. NORTH #315  
SAINT PETERSBURG, FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Graeca, Ann  
11600 Tradewinds Blvd  
Largo, FL 33773** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MOHN, MARTHA  
9700 SEMINOLE BLVD  
SEMINOLE, FL 33772** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Trombetta, Joanne  
13138 75th Ave. N  
Seminole, FL 33776** ☐ Change ☒ 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 all other like empowered.

SIGNATURE: Janet Stinson Janet Stinson 1-3-07 727 581-8745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #