


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90075 022 ****61.25

DOCUMENT # N49395 1. Entity Name GFWC PINE CASTLE WOMAN'S CLUB, CORP.			
Principal Place of Business		Mailing Address	
5901 S. ORANGE AVE. P.O. BOX 593102 ORLANDO FL 32859-3102		5901 S. ORANGE AVE. P.O. BOX 593102 ORLANDO FL 32859-3102	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCONNELL, JUANITA 1210 PLATO AVENUE ORLANDO FL 32809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
4. FEI Number 59-2347476 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P TRAWICK, CLARA S	TITLE	P LEENGRAN, MARGARET
NAME	5013 MONET AVE	NAME	6520 BOICE STREET
STREET ADDRESS	ORLANDO FL 32812	STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V MORELAND, MYRA	TITLE	V MORELAND, MYRA
NAME	1007 HAWKES AVE	NAME	1007 HAWKES AVE
STREET ADDRESS	ORLANDO FL 32809	STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP ELLIS, BETTY	TITLE	
NAME	2528 BAYFRONT PWKY	NAME	
STREET ADDRESS	ORLANDO FL 32806	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V KOEPE, ROBERTA	TITLE	VP KOEPE, ROBERTA
NAME	548 TREASURE DR	NAME	548 TREASURE DRIVE
STREET ADDRESS	ORLANDO FL 32809	STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D YANDT, BETTY	TITLE	
NAME	538 CONSTITUTION DR	NAME	
STREET ADDRESS	ORLANDO FL 32809	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T MCCONNELL, JUANITA	TITLE	T MCCONNELL, JUANITA
NAME	1210 PLATO AVENUE	NAME	1210 PLATO AVENUE
STREET ADDRESS	ORLANDO FL 32809	STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Juanita McConnell -JUANITA MCCONNELL 2-15-07 407 858 0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #