


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 038 ****61.25

DOCUMENT # N49395			
1. Entity Name GFWC PINE CASTLE WOMAN'S CLUB, CORP.			
Principal Place of Business 5901 S. ORANGE AVE. P.O. BOX 593102 ORLANDO FL 32859-3102		Mailing Address 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



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2347476		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 MCCONNELL, JUANITA 1210 PLATO AVENUE ORLANDO FL 32809		7. Name and Address of New Registered Agent	
		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 Juanita McConnell DATE 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEENGRAN, MARGARET		NAME	MORELAND, MYRA	
STREET ADDRESS	6520 BOICE STREET		STREET ADDRESS	1007 HAWKES AVE	
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELAND, MYRA		NAME	LEENGRAN, MARGARET	
STREET ADDRESS	1007 HAWKES AVE		STREET ADDRESS	6520 BOICE STREET	
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, BETTY		NAME	SESSION, HATTIE	
STREET ADDRESS	2528 BAYFRONT PWKY		STREET ADDRESS	1633 WIND DRIFT ROAD	
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEPKE, ROBERTA		NAME	SAME	
STREET ADDRESS	548 TREASURE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANDT, BETTY		NAME		
STREET ADDRESS	538 CONSTITUTION DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, JUANITA		NAME	SAME	
STREET ADDRESS	1210 PLATO AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		

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 TREASURER DATE: 4-22-08 258-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR