

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N49395

Entity Name: GFWC PINE CASTLE WOMAN'S CLUB, CORP.

Current Principal Place of Business:

5901 S. ORANGE AVE.
P.O. BOX 593102
ORLANDO, FL 328593102

New Principal Place of Business:

5901 S. ORANGE AVE.
ORLANDO, FL 328593102

Current Mailing Address:

5901 S. ORANGE AVE.
P.O. BOX 593102
ORLANDO, FL 328593102

New Mailing Address:

FEI Number: 59-2347476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, JUANITA
1210 PLATO AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORELAND, MYRA
Address: 1007 HAWKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: MARGARET, LEENGRAN
Address: 6520 BOICE STREET
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: SESSION, HATTIE
Address: 1633 WIND DRIFT ROAD
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: KOEPKE, ROBERTA
Address: 548 TREASURE DR
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: MCCONNELL, JUANITA
Address: 1210 PLATO AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA KOEPKE

T

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date