

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49395

FILED  
Apr 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5901 S. ORANGE AVE.  
ORLANDO, FL 328593102

**New Principal Place of Business:**

**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:**

KOEPKE, ROBERTA  
548 TREASURE DRIVE  
ORLANDO, FL 32809      US

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: ROBERTA KOEPKE

04/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: MULLINGS, MINNETTE  
Address: 392 KASSIK CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: S  
Name: LEENGRAN, MARGARET  
Address: 6520 BOICE ST.  
City-St-Zip: ORLANDO, FL 32809

Title: VP  
Name: SHAW, PALMOUR  
Address: 9919 TURTLE BAY COURT  
City-St-Zip: ORLANDO, FL 32821

Title: T  
Name: KOEPKE, ROBERTA  
Address: 548 TREASURE DRIVE  
City-St-Zip: ORLANDO, FL 32809

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA KOEPKE, TREASURE

T

04/08/2010

Electronic Signature of Signing Officer or Director

Date