2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49459

FILED Jan 26, 2009 Secretary of State

Entity Name: GFWC MELBOURNE WOMAN'S CLUB INC.

Current Principal Place of Business: New Principal Place of Business: 713 BADGER DR. NE MELBOURNE, FL 329022212 PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** PO BOX 2212 MELBOURNE, FL 329022212 FEI Number: 59-1711010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JIMMIE GODWIN 500 W FEE AVE MELBOURNE, FL 32901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SEVERANCE, BESSIE SEVERANCE, BESSIE Name: Name: 713 BADGER DRIVE NE Address: 713 BADGER DRIVE NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 (X) Change () Addition Title: () Delete Title: MURRIAN, EVELYN Name: KNOPF, MARJORIE Name: Address: 607 GREENWOOD MANOR CIR Address: 1343 CHERRY HILLS RD. NE City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: PALM BAY, FL 32905 Title: () Delete Title: (X) Change () Addition MULLINS, RETHA HENRY, PATRICIA Name: Name: 401 EARL AVE. 581 YOUNG STREET. Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: () Change () Addition Name: SMITH, JIMMIE Name: Address: 500 W. FEE AVE. Address: City-St-Zip: MELBOURNE, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition COX, WILLA COX, WILLA Name: Name: 128 BLUFF TERR 128 BLUFF TERR Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: () Delete Title: () Change (X) Addition HEMMINGER, LEEANNE Name: Name: Address: Address: 737 BREVITY AVE. NE PALM BAY, FL 32905 City-St-Zip: 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: BESSIE M. SEVERANCE P 01/26/2009