


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N49626 1. Entity Name GFWC WOMAN'S CLUB OF PLANT CITY, FLORIDA, INC.	
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Principal Place of Business 1110 N WHEELER PLANT CITY, FL 33564 US	Mailing Address PO BOX 3282 PLANT CITY, FL 33563 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0241400	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAY, MARILYN 2801 BARRETT AVE PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000578805
01/09/07-90045-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASTIN, BETTY 3402 SAM ASTIN RD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLLENBERGER, ALISE P.O. BOX 1618 PLANT CITY, FL 335641618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, MARILYN 2801 BARRETT AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, PAT 2815 HAMMOCK DRIVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPEEK, JUANITA 3216 ALCOTT AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Betty Astin BETTY ASTIN 1/5/07 813-759-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #