

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49626**

1. Entity Name  
**GFWC WOMAN'S CLUB OF PLANT CITY, FLORIDA, INC.**



Principal Place of Business  
**1110 N WHEELER  
PLANT CITY, FL 33564 US**

Mailing Address  
**PO BOX 3282  
PLANT CITY, FL 33563 US**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0241400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**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)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**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 BARRET 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	

U000000778976  
01/11/08-80020-002 61.25

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08 813-759-1960

Date

Daytime Phone #