2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49626

FILED Jan 06, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1110 N WH PLANT CIT	EELER Y, FL 33564	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
PO BOX 32 PLANT CIT	82 Y, FL 33563	US			
FEI Number:	51-0241400	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of N	lew Registered Agent:	
DAY, MARII 2801 BARR PLANT CIT		US	ASTIN, BETTY 3402 SAM ASTIN ROAD PLANT CITY, FL 33566	US	
The above r in the State		bmits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: BETTY ASTIN				01/06/2009	
	Electronic	Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
Title: Name: Address: City-St-Zip:	T () D ASTIN, BETTY 3402 SAM ASTIN PLANT CITY, FL	RD	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	P () D SOLLENBERGER P.O. BOX 1618 PLANT CITY, FL	, ALISE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () D DAY, MARILYN 2801 BARRET AV PLANT CITY, FL	E	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () D EDWARDS, PAT 2815 HAMMOCK I PLANT CITY, FL	DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () D MCPEEK, JUANIT 3216 ALCOTT AVI PLANT CITY, FL	Ä E	Title: () Name: Address: City-St-Zip:	Change () Addition	

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: BETTY ASTIN TRES 01/06/2009