

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49739

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** THE GFWC WOMAN'S CLUB OF LAKE WALES, INC.

**Current Principal Place of Business:**

275 EAST PARK AVENUE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

476 BERMUDA DRIVE  
% CAROLE MAKOWSKI  
LAKE WALES, FL 338596891 US

**New Mailing Address:**

**FEI Number:** 59-6138885      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAKOWSKI, CAROLE TREAS.  
476 BERMUDA DRIVE  
LAKE WALES, FL 338596891 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: LEECH, BRENDA  
Address: 9436 PINE TREE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

Title: 1VP ( ) Delete  
Name: BULLOCK, JANICE  
Address: 4664 OLD BRIDGE TRAIL  
City-St-Zip: LAKE WALES, FL 338985561 US

Title: 2VP ( ) Delete  
Name: NOBLE, CAROL  
Address: 3174 ANTIQUA ROAD  
City-St-Zip: LAKE WALES, FL 338596891 US

Title: RS ( ) Delete  
Name: STIBITZ, MARIE  
Address: 2850 CARDINAL TRAIL  
City-St-Zip: LAKE WALES, FL 338985516 US

Title: T ( ) Delete  
Name: MAKOWSKI, CAROLE  
Address: 476 BERMUDA DR  
City-St-Zip: LAKE WALES, FL 338596891 US

Title: RS ( ) Delete  
Name: DIBBLE, LORRAINE  
Address: 11 EAST GROVE AVENUE  
City-St-Zip: LAKE WALES, FL 338534707 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CAROLE MAKOWSKI

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date