

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 08, 2009
Secretary of State

DOCUMENT# N50089

Entity Name: GFWC THE POMPANO BEACH WOMAN'S CLUB, INC.**Current Principal Place of Business:**314 NE 2 ST
POMPANO BEACH, FL 33060 US**New Principal Place of Business:****Current Mailing Address:**314 NE 2 ST
POMPANO BEACH, FL 33060 US**New Mailing Address:**931 N. E. 25TH AVE
POMPANO BEACH, FL 33062 US**FEI Number:** 59-1033585**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOTZNER, ANNA
931 NE 25TH AVE
POMPANO BEACH, FL 33062 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: MOTZNER, ANNA
Address: 931 NE 25 AVENUE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: RS () Delete
Name: KRYZA, RITA
Address: 2156 N.E. 63RD CT
City-St-Zip: FORT LAUDERDALE, FL 333081335 US

Title: 2V () Delete
Name: ARMBRISTER, HAZEL
Address: 1808 NW 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: 1V () Delete
Name: BYRNE, JOAN
Address: 120 CYPRESS CLUB DR # 206
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: RS () Delete
Name: CAMPBELL, MARIE
Address: 1920 N.E. 51 CT. #107
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: TR () Change (X) Addition
Name: MICHELLI, DOROTHY
Address: 130 CYPRESS CLUB DR. APT # 307
City-St-Zip: POMPANO BCH, FL 33060-472 US

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: ANNA MOTZNER

PRES

06/08/2009

Electronic Signature of Signing Officer or Director

Date