## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: .

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # N92000000083 04-04-2006 90144 037 \*\*\*\*61.25 1. Entity Name GFWC MILTON WOMAN'S CLUB, INC. Principal Place of Business Mailing Address 4675 GERI ST MILTON FL 32583 6863 OAK ST. MILTON FL 32570 2. Principal Place of Business Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2428941 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOCHAKSEN, M.L. Street Address (P.O. Box Number is Not Acceptable) **4675 GERI ST** MILTON FL 32583 City Zip Code FL 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 lamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typic or printed name of registered agent and life if applicable (NOTE: Registered Agent regnesture required when reinstating) DATE FILE NOW FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Oelete TITLE ☐ Change ☐ Addition CAMPBELL, JOY NAME NAME 3901 REEDER RD STREET ADDRESS STREET ADDRESS JAY FL 32565 CITY - ST - 71P CITY - ST - 20P TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHECKART, CAROLE NAME NAME 3741 CORNERBROOK DR STREET ADDRESS STREET ADDRESS CITY-ST-Z#P PACE FL 32571 CITY-ST-ZIP TITLE Change ☐ Delete ☐ Addition GRAFTON, KITTY NAME NAME STREET ADDRESS 5963 HAPPY HOLLW DR STREET ADDRESS CITY-ST-71P MILTON FL CITY-S1-ZIP TITLE ☐ Delete Channe ■ Addition LOCHAUSEN, PAT NAME NAUT STREET ADDRESS 4675 GERI ST STREET ADDRESS CITY-ST-71P MILTON FL 32583 CITY-S1-ZIP 2VP TITLE ☐ Change ☐ Addition TITLE Detete MAPOLES, PAULA L NAME MALLE 7150 PRINTERS ALLEY STREET ADDRESS STREET ADDRESS CITY - ST- ZIP MILTON FL 32583 CITY-SI-7P Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

april 10-2010 (850) 626-445