

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000083

FILED
Apr 15, 2009
Secretary of State

Entity Name: GFWC MILTON WOMAN'S CLUB, INC.

Current Principal Place of Business:

6863 OAK ST.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

4675 GERI ST
MILTON, FL 32583 US

New Mailing Address:

4945 PINEYVIEW RIDGE
PACE, FL 32571 US

FEI Number: 59-2428941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELL, PAM
6610 RAVINE ST.
MILTON, FL 32570 US

Name and Address of New Registered Agent:

LAMPRECHT, CINDY
4945 PINEYVIEW RIDGE
PACE, FL 32571 US

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: CINDY LAMPRECHT

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAPOLES, PAULA
Address: 7150 PRINTERS ALLY
City-St-Zip: MILTON, FL 32583

Title: 1VP () Delete
Name: MELNNIS, DEBBIE
Address: 6751 VENTURA BLVD.
City-St-Zip: MILTON, FL 32583

Title: DS () Delete
Name: GRAFTON, KITTY
Address: 6505 HAMILTON BRIDGE RD.
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: TOOLE, DELORES
Address: 3018 N 25TH AVE
City-St-Zip: MILTON, FL 32583

Title: T () Delete
Name: MITCHELL, PAM
Address: 6616 RAVINE ST.
City-St-Zip: MILTON, FL 32570

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAPOLES, PAULA
Address: 7150 PRINTERS ALLY
City-St-Zip: MILTON, FL 32583

Title: 1VP (X) Change () Addition
Name: AMOS, ANTHEA
Address: 5333 MORGAN RIDGE DRIVE
City-St-Zip: MILTON, FL 32570

Title: SEC (X) Change () Addition
Name: ROTHBART, JAN
Address: 6276 GLENDALE DRIVE
City-St-Zip: MILTON, FL 32570

Title: TREA (X) Change () Addition
Name: LAMPRECHT, CINDY
Address: 4945 PINEYVIEW RIDGE
City-St-Zip: PACE, FL 32571

Title: CSEC (X) Change () Addition
Name: TYREE, ELAINE
Address: 5501 WOODRIDGE DR
City-St-Zip: MILTON, FL 32570

Title: PARL () Change (X) Addition
Name: MITCHELL, PAM
Address: 6616 RAVINE ST
City-St-Zip: MILTON, FL 32570

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: PAM MITCHELL

PARL

04/15/2009

Electronic Signature of Signing Officer or Director

Date