

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90436 025 ****61.25

DOCUMENT # N92000000733	
1. Entity Name GFWC PALM BEACH GARDENS WOMAN'S CLUB, INC.	



Principal Place of Business P.O. BOX 31284 PALM BEACH GARDENS, FL 33420-1284	Mailing Address P.O. BOX 31284 PALM BEACH GARDENS, FL 33420-1284
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6197291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KARLIK, DIANE L 3450 NORTH LAKE BOULEVARD #200 PALM BEACH GARDENS, FL 33403	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRADINI, ROBIN	NAME	
STREET ADDRESS	121 COVENTRY PLACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYSES, LORRAINE	NAME	MACEY, LORRAINE
STREET ADDRESS	4415 DAFFODIL CIRCLE SOUTH	STREET ADDRESS	8006 WAKEFIELD DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHFIELD, CAROL	NAME	
STREET ADDRESS	62 CAYMAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, BARBARA	NAME	KARLIK, DORIS
STREET ADDRESS	4097 CATALPHA AVE	STREET ADDRESS	4640 HOLLY DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <i>Lorraine Macey</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	LORRAINE MACEY	4/28/05	361-627-9564