

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000733

FILED
Apr 07, 2009
Secretary of State

Entity Name: GFWC PALM BEACH GARDENS WOMAN'S CLUB, INC.

Current Principal Place of Business:

P.O. BOX 31284
PALM BEACH GARDENS, FL 334201284

New Principal Place of Business:

10410 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

P.O. BOX 31284
PALM BEACH GARDENS, FL 334201284

New Mailing Address:

P.O. BOX 33714
PALM BEACH GARDENS, FL 334201284 US

FEI Number: 59-6197291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARLIK, DIANE L
3450 NORTH LAKE BOULEVARD #200
PALM BEACH GARDENS, FL 33403 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: PD () Delete
Name: MONTGOMERY, LARAIN
Address: 11180 THYME DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT () Delete
Name: MACEY, LORRAINE
Address: 8606 WAKEFIELD DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VS () Delete
Name: RUTHFIELD, CAROL
Address: 62 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: COOGAN, MAGDA
Address: 10147 ASPEN WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: TRUESDALE, SALLY
Address: 7800 QUIBA DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTGOMERY, LARAIN
Address: 11180 THYME DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LORRAINE MACEY

DT

04/07/2009

Electronic Signature of Signing Officer or Director

Date