

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000792

FILED
Apr 25, 2007
Secretary of State

Entity Name: GFWC GULF COAST WOMAN'S CLUB, INC.

Current Principal Place of Business:

731 DRIFTWOOD DR.
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

2108 ISLAND LAKE CIRCLE
PANAMA CITY, FL 32405 US

Current Mailing Address:

PO. BOX 16076
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3167696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARE, DIANE
2589 JENKS AVE.
PANAMA CITY, FL 32405 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: MYERS, DEBRA
Address: 508 CARRIE LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: CARTER, LISA
Address: 328 N MACARTHUR
City-St-Zip: PANAMA CITY, FL 32401

Title: CSD () Delete
Name: MAYER, JOANNA
Address: 157 CANDLEWICK CIR.
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: HILLMAN, JEAN
Address: 133 W BALDWIN RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: NEUDECKER, DEANNA
Address: 4341 THOMAS DR. BOX C-4
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEYMOUR, SUSIE C
Address: 4639 BAYWOOD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change () Addition
Name: MYERS, DEBRA
Address: 508 CARRIE LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: CSD (X) Change () Addition
Name: SUSAN, STEWART
Address: 241 W. BALDWIN ROAD
City-St-Zip: PANAMA CITY, FL 32405

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: SUSIE C. SEYMOUR

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date