


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90146 017 ****61.25

DOCUMENT # N93000003189 1. Entity Name GFWC GOLDEN CITY WOMAN'S CLUB OF SARASOTA, INC.	
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Principal Place of Business 3226 RINGWOOD MEADOW SARASOTA, FL 34235	Mailing Address 3226 RINGWOOD MEADOW SARASOTA, FL 34235
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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

40048960



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0483784	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 STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, CONSTANCE <input type="checkbox"/> Delete 4241 OAKHURST CIRCLE EAST SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRODE, BARBARA J <input type="checkbox"/> Delete 3226 RINGWOOD MEADOW SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD LAMMON, JOYCE <input checked="" type="checkbox"/> Delete 18 BAY ACRES AVENUE OSPREY, FL 34229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD WHETZEL, GWEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2805 MAYFLOWER ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD YARLING, MINDY <input checked="" type="checkbox"/> Delete 422 S OSPREY AVENUE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD SNODGRASS, JUDITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5629 BEAURIVAGE BLVD. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SNODGRASS, JUDITH <input checked="" type="checkbox"/> Delete 5629 BEAURIVAGE BLVD SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS NEES, LEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 888 MAC ELWEN DRIVE OSPREY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara J. Stode 4/12/06 941-488-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #