## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 14, 2008 8:00 am Secretary of State

| DOCUMENT # N9300003189  1. Entity Name GFWC GOLDEN CITY WOMAN'S CLUB OF SARASOTA, INC.  |   |  |   |   | 04-14-2008 90049 008 ****61.25           |  |  |  |
|---|---|--|---|---|--|--|--|--|
| 3226 RINGWOOD MEADOW 322  |   | Mailing Address<br>3226 RINGWOOD MEA<br>SARASOTA, FL 34235 | 226 RINGWOOD MEADOW   |   | 40068                                    |  |  |  |
| 2. Principal Pl   | lace of Business - No P.O. Box #  | 3. Mailing Address   | <u>.</u>  |   |  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   | 04092008  | Chg-NP                                   | CR2E037 (12/06)  |  |  |
| City & State  |   | City & State   |   | 4. FEI Number<br>65-04837   | 84                                       | <b>├</b>   | oplied For                               |  |
| Zip   | Country   | Zip  | Country   | 5. Certificate of S   | Status Desired                           | \$8.75 Add Fee Require   | ditional                                 |  |
|   | 6. Name and Address of Current  | Registered Agent   |   | 7. Name and Ad  | dress of New Re                          | egistered Agent  |  |  |
|   |   |  | ivame   | , ivame   |  |  |  |  |
| STRODE, BARBARA J<br>3226 RINGWOOD MEADOW<br>SARASOTA, FL 34235   |   |  | Street  | Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |  |
|   |   |  | City  |   |  | FL Zip Cod   | le                                       |  |
| the obligati  | named entity submits this statement to<br>ions of registered agent.   | or the purpose of changing it                              | s registered office (   | x registered agent, or both, i  | n the State of Flo                       | rida. I am familiar with,  | and accept                               |  |
| SIGNATURE.  | Signature, typed or printed name of registered agent  | and title if applicable. (NO                               | TE: Registered Agent sign   | ture required when reinstating)   | ,  | DATE   |  |  |
|   | Filing Fee is \$61.25   | 9. Election Ca   | TE: Registered Agent signs ampaign Financing Contribution.  | \$5.00 May Be Added to Fees   |  | DATE<br>ake check payable t<br>da Department of S  |  |  |
| <u>}</u>  | Filing Fee is \$61.25<br>Due by May 1, 2008   | 9. Election Ca<br>Trust Fund                               | ampaign Financing<br>Contribution.  | \$5.00 May Be Added to Fees   | Flori                                    | ake check payable t<br>da Department of S  | tate 🚴                                   |  |
| 10.   | Filing Fee is \$61.25<br>Due by May 1, 2008<br>OFFICERS AND DI  | 9. Election Ca<br>Trust Fund                               | ampaign Financing<br>Contribution.  | \$5.00 May Be Added to Fees ADDITIONS/CHANG   | GES TO OFFICER                           | ake check payable t<br>da Department of S  | tate                                     |  |
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| 10.<br>TITLE<br>NAME  | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  TD COOK, CONSTANCE   | 9. Election Ca<br>Trust Fund<br>RECTORS                    | ampaign Financing<br>Contribution.  11.  TITLE  NAME  | \$5.00 May Be Added to Fees  ADDITIONS/CHANG TD Whetzel, Gw   | Flori<br>GES TO OFFICER<br>en<br>werSSt. | ake check payable t<br>da Department of S  | tate                                     |  |
| 10. TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  TD COOK, CONSTANCE 4241 OAKHURST CIRCLE EAS  | 9. Election Ca<br>Trust Fund<br>RECTORS                    | empaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS   | \$5.00 May Be Added to Fees  ADDITIONS/CHANG TD Whetzel, Gw. 2805 Mayflo  | Flori<br>GES TO OFFICER<br>en<br>werSSt. | ake check payable t<br>da Department of S  | tate                                     |  |
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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:

941-488-6716