## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002581

FILED Apr 08, 2008 Secretary of State

Entity Name: GFWC SUN RIDGE JUNIOR WOMEN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

243 E. LAKE AVENUE 334 PALMVIEW CIRCLE NORTH AUBURNDALE, FL 33823 AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

PO BOX 1904

AUBURNDALE, FL 33823

FEI Number: 04-3637846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANCOCK, BRENDA 196 NEWBERN CIRCLE AUBURNDALE, FL 33823 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 LINDELL, JENNIFER
 Name:
 MOORE, TINA L

 Address:
 181 BERGEN CIRCLE
 Address:
 334 PALMVIEW CIRCLE NORTH

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: HANCOCK, BRENDA Name: MILLER, THERESA

Address: 196 NEWBERN CIRCLE Address: 2995 CHICKASAW DRIVE City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete Title: S (X) Change () Addition

Name: KEY, LINDA Name: HEATHMAN, LAYNE

 Address:
 PO BOX 1127
 Address:
 235 6TH STREET NW UNIT 606

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 WINTER HAVEN, FL 33881

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: TINA L. MOORE P 04/08/2008