## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000033

FILED Apr 16, 2008 Secretary of State

Entity Name: GFWC SOUTH LAKE JUNIOR WOMAN'S CLUB, INC.

	Principal Place	oi Dusiliess.	New Principal Place	or Duallicaa.
	ROOM STREET NT, FL 34711	US		
Current N	Mailing Address	<b>::</b>	New Mailing Addres	ss:
P.O. BOX CLERMOI	121411 NT, FL 34712	US		
FEI Number	: 59-3363036	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Ci	ırrent Registered Agent:	Name and Address	of New Registered Agent:
655 BRO	ELD, LESLIE DME ST NT, FL 34711	US		
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	ent	Date
OFFICER	Electroni S AND DIRECT			Date  BES TO OFFICERS AND DIRECTORS
Title: Name: Address:	S AND DIRECT	ORS: Delete ARINDA DR		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT  VP ( ) I  BRAUN-HAAS, L  788 LAKE VIEW  CLERMONT, FL	CORS: Delete ARINDA DR 34711 Delete	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECT  VP () I BRAUN-HAAS, L. 788 LAKE VIEW CLERMONT, FL  S () I ROCHE, LESA 3862 FALLCRES CLERMONT, FL	CORS: Delete ARINDA DR 34711 Delete ST CIR 34711 Delete H	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	S AND DIRECT  VP () I BRAUN-HAAS, L 788 LAKE VIEW CLERMONT, FL  S () I ROCHE, LESA 3862 FALLCRES CLERMONT, FL  T () I MIXON, DEBRAH 12435 FRIENDS CLERMONT, FL	CORS:  Delete ARINDA DR 34711  Delete ST CIR 34711  Delete HIP RD 34711  Delete A Y LANE	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition

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: LESLIE LANDEFELD PRES 04/16/2008