

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003636

FILED
May 08, 2007
Secretary of State

Entity Name: GFWC WILLISTON WOMAN'S CLUB, INC.

Current Principal Place of Business:

1049 N.E. 6TH BLVD.
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 183
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3144638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASON, MARION
1021 S.E. 8TH STREET
WILLISTON, FL 32696 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:

Title: PD () Delete
Name: ROBINSON, MARGUERITE
Address: 611 S.E. 1ST STREET
City-St-Zip: WILLISTON, FL 32696

Title: VD () Delete
Name: LOWYNS, KATHLEEN
Address: 3950 NE 170TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: GLASS, CAROL
Address: 18531 N.E 60TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: ROBINSON, MARGUERITE
Address: 611 SE 1ST ST
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: CASON, MARION
Address: 1021 SE 8TH STREET
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOWMAN, NANCY
Address: 310 NW 1ST AVE
City-St-Zip: WILLISTON, FL 32696

Title: SD (X) Change () Addition
Name: CHANCEY, ROBIN
Address: 6750 SE 135TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: TD (X) Change () Addition
Name: GLASS, CAROL
Address: 18531 NE 60TH ST
City-St-Zip: WILLISTON, FL 32696

Title: TD (X) Change () Addition
Name: CASON, MARION
Address: 1021 SE 8TH ST
City-St-Zip: WILLISTON, FL 32696

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: MARION CASON

TD

05/08/2007

Electronic Signature of Signing Officer or Director

Date