

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003636

FILED
Apr 25, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: BOWMAN, NANCY
Address: 310 NW 1ST AVE
City-St-Zip: WILLISTON, FL 32696

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILPOT, BRENDA
Address: P O BOX 68
City-St-Zip: WILLISTON, FL 32696

Title: PD (X) Change () Addition
Name: SANDLIN, BUNNY
Address: 18450 NE 60TH STREET
City-St-Zip: WILLISTON, FL 32696

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

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

Title: SD (X) Change () Addition
Name: GATCHELL, PHILLES
Address: P O BOX 666
City-St-Zip: WILLISTON, FL 32696

Title: TD () Change (X) Addition
Name: HOLDER, SHARON
Address: 1221 NE 152ND COURT
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: SHARON HOLDER

TD

04/25/2008

Electronic Signature of Signing Officer or Director

Date