2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N95000004700

Entity Name: GFWC JUNIOR WOMAN'S CLUB OF FT. MEADE, INC.

Current Principal Place of Business:

POST OFFICE BOX 495
NORTH CHARLESTON AVENUE
FT. MEADE, FL 33841

New Principal Place of Business:

NORTH CHARLESTON AVENUE
FT. MEADE, FL 33841

Current Mailing Address:

POST OFFICE BOX 495
NORTH CHARLESTON AVENUE
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: 59-3344511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FROST, JOHN W II, ESQ
FROST, O'TOOLE & SAUNDERS, P.A.
395 SOUTH CENTRAL AVENUE
BARTOW, FL 33830 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: DP ( ) Delete
Name: HARRELL, DENISE
Address: 4651 HWY 48 E
City-St-Zip: FT. MEADE, FL 33841

Title: DV ( ) Delete
Name: GRAVES, BEVERLY
Address: 1865 S. ORANGE AVENUE
City-St-Zip: FT. MEADE, FL 33841

Title: D ( ) Delete
Name: BELL, MELONY
Address: 412 NORTH LANIER AVENUE
City-St-Zip: FT. MEADE, FL 33841

Title: D ( ) Delete
Name: CAGIANO, BRENNA
Address: 313 NORTH OAK AVENUE
City-St-Zip: FT. MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DENISE HARRELL TREA 03/06/2009
Electronic Signature of Signing Officer or Director — Date