


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90003 003 \*\*\*\*61.25

<b>DOCUMENT # N95000006000</b>		
1. Entity Name G F W C NAPLES JUNIOR WOMAN'S CLUB, INC.		

Principal Place of Business 570 PARK STREET NAPLES, FL 34102 US	Mailing Address 570 PARK STREET NAPLES, FL 34102 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40036098



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0642482		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
VICTOR, JENAH 352 12TH ST S NAPLES, FL 34102		Name <u>Gisselle CALLEJA</u> Street Address (P.O. Box Number is Not Acceptable) <u>6030 HIGHWOOD PARK LANE</u> City <u>NAPLES</u> FL Zip Code <u>34110</u>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 3/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VICTOR, JENAH 352 12TH AVE S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLYN RASNICK 1863 TARPON BAY DRIVES NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEAGUE, LORI 209 WOODSHINE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gisselle CALLEJA 6030 HIGHWOOD PARK LANE NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MASON, DEBORAH 2440 MONTCLAIRE CT R102 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BianDi HANSON 4680 ST. CROIX LANE #514 NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTS, MARGARET 581 WEST NAPLES DRIVE NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATE PAV 192 STANHOPE Circle NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Gisselle CALLEJA DATE 3/19/06 DAYTIME PHONE # 239-784-1974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR