

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 001 \*\*\*61.25

**DOCUMENT # N97000004917**

1. Entity Name  
**GFWC NEW TAMPA JUNIOR WOMAN'S CLUB, INC.**



Principal Place of Business  
**P.O. BOX 46183  
TAMPA, FL 33647-6183 US**

Mailing Address  
**P.O. BOX 46183  
TAMPA, FL 33647-6183 US**

**40006850**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3464913**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SAUNDERS, KRISTINE  
2504 N RIDGEWOOD AVE  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
Name **McGough, Janice**  
Street Address (P.O. Box Number is Not Acceptable)  
**27705 Kirkwood Circle**  
City **Wesley Chapel** **FL** Zip Code **33543**

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 *Janice McGough* **Treasurer** **01.28.07**  
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CARMELA 9324 CYPRESS BEND DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Scandrett Amy 8344 Golden Prairie Dr. Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP ROTHFARB, LOIS 7226 YARDLEY WAY TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Marlowe, Tracy 15801 Fairchild Dr. Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, APRIL 2825 SILVERMOSS DR WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Band, Elizabeth 5237 Gato Del Sol Wesley Chapel FL 33544 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELOR, BERT 18127 PHEASANT WALK DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D McGough Janice 27705 Kirkwood Circle Wesley Chapel FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUNDERS, KRISTINE 2504 N RIDGEWOOD AVE TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Grecson, Heather 9411 Hunters Pond Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNO, TRISH 8616 HERONS COVE PLACE TAMPA, FL 33647 <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:** *Janice McGough* **Treasurer** **01.28.07** **813.918.0302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #