

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007175

FILED
Mar 02, 2009
Secretary of State

Entity Name: GATEWAY WOMEN'S CLUB CORPORATION

Current Principal Place of Business:

11165 CALLAWAY GREENS DR
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11165 CALLAWAY GREENS DR
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 65-0898785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DIANE
11165 CALLAWAY GREENS DR
FT. MYERS, FL 33913 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: KOLLASCH, MARIANNE
Address: 11790 ROSEMOUNT DR
City-St-Zip: FT. MYERS, FL 33913

Title: DS () Delete
Name: GAVENDA, JANICE
Address: 12764 DEVONSHIRE LAKES CIR
City-St-Zip: FORT MYERS, FL 33913

Title: DT () Delete
Name: JONES, DIANE
Address: 11165 CALLAWAYGREENS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: SCHULLS, JOYCE
Address: 11431 WATERFORD VILLAGE DR
City-St-Zip: FORT MYERS, FL 33913

Title: DV () Delete
Name: FINKBEINER, BETTY
Address: 11841 GRAND ISLES LN
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: GAVENDA, JANICE
Address: 11174 LAUGHTON CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: DIANE JONES

DT

03/02/2009

Electronic Signature of Signing Officer or Director

Date