## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006894

FILED Jun 25, 2009 Secretary of State

Entity Name: GFWC DADE CITY WOMAN'S CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 37922 PALM AVENUE DADE CITY, FL 33525 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1831 DADE CITY, FL 335261831 FEI Number: 59-3610378 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCLAIN, NANCY 37908 CHURCH AVENUE DADE CITY, FL 33526 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD PD () Delete (X) Change ( ) Addition SCOTT, JULIE BARDIN, DINA Name: Name: 37824 AMEILA AVENUE Address: 41111 MESSICK RD Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: TBD () Delete Title: (X) Change ( ) Addition KRETZINGER, PAULA Name: MCMENAMIN, DANETTE Name: Address: 22511 HALE RD Address: 36304 SAINT JOE RD City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: DADE CITY, FL 33525 Title: PD() Delete Title: VPD (X) Change ( ) Addition CHAMLEY, RENEE BARDIN, DINA Name: Name: 18337 PARRISH GROVE RD Address: 38732 TALL DRIVE Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: DADE CITY, FL 33523 Title: ( ) Delete Title: SD ( ) Change (X) Addition Name: Name: BUTTERWORTH, MARTHA 35125 SIDESADDLE TRAIL Address: Address: City-St-Zip: City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: ( ) Change (X) Addition COTTON, JULIE Name: Name: 38684 FERM CIR Address: Address: City-St-Zip: City-St-Zip: ZEPHYRHILLS, FL 33540

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: JULIE COTTON TD 06/25/2009