

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718993

Entity Name: G.F.W.C. WOMAN'S CLUB OF PT. CHARLOTTE FL. INC.**Current Principal Place of Business:**20271 TAPPAN ZEE DRIVE
PORT CHARLOTTE, FL 33952**Current Mailing Address:**PO BOX 494004
PORT CHARLOTTE, FL 33949 US**FEI Number: 58-1895509****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SAMPIERE, MARY
19261 PINE BLUFF CT.
PORT CHARLOTTE, FL 33948 US*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: MARY SAMPIERE****04/07/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SAMPIERE, MARY
Address	1042 STRASBURG.
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	1VP
Name	HEISE, JULIA
Address	27245 PORTO NACIONAL DR
City-State-Zip:	PORT CHARLOTTE FL 33983

Title	2VP
Name	FLYNN, SUSAN
Address	35 LONG MEADOW LANE
City-State-Zip:	ROTONDA WEST FL 33497

Title	S
Name	GONZALES, KATHLEEN
Address	4657 FERNWAY DRIVE
City-State-Zip:	NORTH PORT FL 34288

Title	T
Name	JOHNSTONE, MARY LOU
Address	1232 BARTON AVE
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	AT
Name	WRONSKI, ARLENE
Address	574 SPRING LAKE BLVD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	DELANEY, JUDY
Address	23007 MADELYN AVENUE
City-State-Zip:	PUNTA GORDA FL 33954

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU JOHNSTONE**TREASURER****04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date