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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700713 (1)
1. Corporation Name
THE ORMOND BEACH WOMAN'S CLUB, INC.

Principal Place of Business Mailing Address
42 NORTH BEACH STREET ORMOND BEACH FL 32174-5638

3. Date Incorporated or Qualified 04/02/1960
3a. Date of Last Report 04/29/1994
4. FEI Number 59-0799309
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CONWAY, LOUIS E.
170 E. GRANADA BLVD
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
*Initials, typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FORBES, WILMA
STREET ADDRESS	25 SEABRIDGE DR.
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	PD-
NAME	HEYWOOD, DAWN
STREET ADDRESS	214 STANDISH DR.
CITY - ST - ZIP	ORMOND BEACH FL 32176
TITLE	VD-
NAME	BRADLEY, PAT
STREET ADDRESS	3105 N. HALIFAX AVE. APT C27-
CITY - ST - ZIP	DAYTONA BEACH FL 32118
TITLE	RSD-
NAME	STERNS, RUTH
STREET ADDRESS	8 STERLING CIR
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	FSD-
NAME	SCHAAR, DOROTHY
STREET ADDRESS	723 LUCERNE CIR
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	MALD
NAME	ZELLER, FRANCES
STREET ADDRESS	1119 PARKSIDE DR.
CITY - ST - ZIP	ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2ND V-P-DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORMA THAETNETT	
1.3 STREET ADDRESS	1524 POPLAR DR.	
1.4 CITY - ST - ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marcy Jakes	
2.3 STREET ADDRESS	9 Sherwood Dr.	
2.4 CITY - ST - ZIP	Ormond Beach, Fl. 32174	
3.1 TITLE	Vice-Pres. - 1ST/DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Emmy Manus	
3.3 STREET ADDRESS	62 Cherokee Trail	
3.4 CITY - ST - ZIP	Ormond Beach, Fl. 32174	
4.1 TITLE	Rec. Soc./DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lucille Kemp	
4.3 STREET ADDRESS	28 River Ridge Trail	
4.4 CITY - ST - ZIP	Ormond Beach, Fl. 32174	
5.1 TITLE	Fin. Soc./DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jeann Crawford	
5.3 STREET ADDRESS	14 Island Cay Dr.	
5.4 CITY - ST - ZIP	Ormond Beach, Fl. 32176	
6.1 TITLE	Mem. at Large/DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dawn Hoywood	
6.3 STREET ADDRESS	214 Standish Dr.	
6.4 CITY - ST - ZIP	Ormond Beach, Fl. 32176	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma Forbes Wilma Forbes, Treas. 4-19-95 904.441.7998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone Number)