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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 42 NORTH BEACH STREET ORMOND BEACH FL 32174-5638
Mailing Address: 42 NORTH BEACH STREET ORMOND BEACH FL 32174-5638



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1960	3a. Date of Last Report 03/07/1996
21		26		4. FEI Number 59-0799309	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONWAY, LOUIS E. 170 E. GRANADA BLVD ORMOND BEACH FL 32074				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, WILMA	1.2 NAME	Phyllis Schweg
STREET ADDRESS	25 SEABRIDGE DR.	1.3 STREET ADDRESS	4 Windsor Drive
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, MARCY	2.2 NAME	Jean Crawford
STREET ADDRESS	9 SHERWOOD DR.	2.3 STREET ADDRESS	14 Island Cay Dr.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUS, EMMY	3.2 NAME	Eleanor Stillwell
STREET ADDRESS	62 CHEROKEE TRAIL	3.3 STREET ADDRESS	2502 N. Beach St.
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, LUCILLE	4.2 NAME	Mary Beck
STREET ADDRESS	28 RIVER RIDGE TRAIL	4.3 STREET ADDRESS	8 Fernery Trail
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JEAN	5.2 NAME	Kay Henderson
STREET ADDRESS	14 ISLAND CAY DR.	5.3 STREET ADDRESS	16 Hamlet Circle
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWOOD, DAWN	6.2 NAME	Marcy Oakes
STREET ADDRESS	214 STANDISH DR.	6.3 STREET ADDRESS	8 Sherwood Dr., Ormond Beach, FL 32174
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phyllis L. Schweg* (904) _____ Date: 2-13-97

CR2E037 (9/96)