

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700713 (1)**  
1. Corporation Name  
**THE ORMOND BEACH WOMAN'S CLUB, INC.**

Principal Place of Business <b>42 NORTH BEACH STREET ORMOND BEACH FL 32174-5638</b>	Mailing Address <b>42 NORTH BEACH STREET ORMOND BEACH FL 32174-5638</b>
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3. Date Incorporated or Qualified  
**04/02/1960**

4. FEI Number  
**59-0799309**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWIEG, PHYLLIS</b>	1.2 NAME	
STREET ADDRESS	<b>4 WINDSOR DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>14 ISLAND CAY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STILLWELL, ELEANOR</b>	3.2 NAME	
STREET ADDRESS	<b>1502 N BEACH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>8 FERNERY TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, KAY</b>	5.2 NAME	
STREET ADDRESS	<b>16 HAMLET CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKES, MARCY</b>	6.2 NAME	
STREET ADDRESS	<b>8 SHERWOOD DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I 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. Schwieg* *Phyllis L. Schwieg* *Treasurer* *3-25-98* *(904) 672-8318*

CR2E037 (10/97)