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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 700713

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 | |
| 21 | | 26 | | 04/02/1960 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-0799309 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

| | | | | | | | |
|------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 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 | | | |
| | | | | FL | | | |

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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWIEG, PHYLLIS | | 1.2 NAME | | |
| STREET ADDRESS | 4 WINDSOR DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAWFORD, JEAN | | 2.2 NAME | STILLWELL, ELEANOR | |
| STREET ADDRESS | 14 ISLAND CAY DR | | 2.3 STREET ADDRESS | 1502 N BEACH ST | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 2.4 CITY-ST-ZIP | ORMOND BEACH, FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STILLWELL, ELEANOR | | 3.2 NAME | FERRELL, BEVERLY | |
| STREET ADDRESS | 1502 N BEACH ST | | 3.3 STREET ADDRESS | 60 BIG BUCK TRAIL | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 3.4 CITY-ST-ZIP | ORMOND BEACH, FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECK, MARY | | 4.2 NAME | HARTNETT, NORMA | |
| STREET ADDRESS | 8 FERNERY TRAIL | | 4.3 STREET ADDRESS | 1524 POPPIAR DR | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 4.4 CITY-ST-ZIP | ORMOND BEACH, FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDERSON, KAY | | 5.2 NAME | STEARNS, RUTH | |
| STREET ADDRESS | 16 HAMLET CIRCLE | | 5.3 STREET ADDRESS | 8 STERLING CIR | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 5.4 CITY-ST-ZIP | ORMOND BEACH, FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OAKES, MARCY | | 6.2 NAME | CRAWFORD, JEAN | |
| STREET ADDRESS | 8 SHERWOOD DR | | 6.3 STREET ADDRESS | 14 ISLAND CAY DR | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 6.4 CITY-ST-ZIP | ORMOND BEACH, FL | |

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, with all other like empowered.

SIGNATURE: Phyllis Schwieg **TREASURER** 1-19-99 (904) 672-8318

CR2E037 (11/98)