

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90008 016 ****61.25

DOCUMENT # 700713

1. Entity Name

THE ORMOND BEACH WOMAN'S CLUB, INC.



Principal Place of Business

42 NORTH BEACH STREET
ORMOND BEACH FL 32174-5638

Mailing Address

102 SEVILLE ST
ORMOND BEACH FL 32174-5638

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-0799309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, LOUIS E.
170 E. GRANADA BLVD
ORMOND BEACH FL 32074

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-------------------------------|---|--|
| TITLE NAME | VP PHELPS, SHARON | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 166 DOQUINA KAY RD ORMOND BEACH FL 32176 | |
| TITLE NAME | D FERRELL, BEVERLY | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 60 BIG BUCK TRAIL ORMOND BEACH FL | |
| TITLE NAME | T HUBNER, THERESA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 188 FAIRWAY DRIVE ORMOND BEACH FL | |
| TITLE NAME | SD GORBES, WILMA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 25 NASNASO DR ORMOND BEACH FL 32474 | |
| TITLE NAME | SD HARTMATT, NORMA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 153 DEER LAKE CIR ORMOND BEACH FL 32174 | |
| TITLE NAME | P BRUNO, FRANCIS | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 1321 DEER LAKE CIR ORMOND BEACH FL 32174 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-------------------------------|--|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | FORBES, WILMA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | SAME | |
| TITLE NAME | VP D Schwiegi, Phyllis | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 4 WINDSOR DR ORMOND BEACH, FL 32124 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa Hubner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

Date

2-21-04

Daytime Phone #