


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 007 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0799309	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHELPS, SHARON 166 DOOULNA KAY RD ORMOND BEACH FL 32176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, BEVERLY 60 BIG BUCK TRAIL ORMOND BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBNER, THERESA 188 FAIRWAY DRIVE ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBES, WILMA 25 NASNASO DR ORMOND BEACH FL 32474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWIEG, PHYLLIS 4 WINDSOR DR. ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNO, FRANCIS 1321 DEER LAKE CIR ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNA SANE GUTWEIN 9 PINE SHADOW TR. ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP KATHERINE JARBOE 307 TIMBERLINE TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAN CRAWFORD 14 ISLAND CAY DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDNA DUFFY 420 LAKEBRIDGE PLAZA DR, APT 503 ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 **THERESA HUBNER** 2-9-05 386-673-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #