


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 024 ****61.25

DOCUMENT # 700713
 1. Entity Name
THE ORMOND BEACH WOMAN'S CLUB, INC.



Principal Place of Business Mailing Address
42 NORTH BEACH STREET **102 SEVILLE ST**
ORMOND BEACH FL 32174-5638 **ORMOND BEACH FL 32174-5638**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-0799309 Not Applicable

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature is required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	FEARELL, BEVERLY	
STREET ADDRESS	60 BIG BUCK TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUNO, FRAN	
STREET ADDRESS	2 NOCOROCO COURT	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T.	<input type="checkbox"/> Delete
NAME	WEEKS, TERESA	
STREET ADDRESS	105 FAIRWAY DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	NIETLING, GENEVA	
STREET ADDRESS	15 OAKMONT CIR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRAWFORD, JEAN	
STREET ADDRESS	14 ISLAND CAY DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER, SHIRLSY	
STREET ADDRESS	549 MCINTOSH DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CS MARY ALICE WEEKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	45 TIMUCUAN DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 E. Weeks*