FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711600 (7)

1. Corporation Name

DELTONA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
1049 E NORMANDY BLVD DELTONA FL 32725 US	PO BOX 5361 DELTONA FL 32728-5361 US

3. Date Incorporated or Qualified: 10/07/1966
3a. Date of Last Report: 03/17/1995
4. FEI Number: 23-7089777 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROWELL, EDITH R
1429 BIRWOOD STREET
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Edith R. Crowell Treasurer 4-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENEVENTO, ELEANORE		1.2 NAME	
STREET ADDRESS	1566 SUMATRA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBER, JAYNE		2.2 NAME	
STREET ADDRESS	2941 GIMLET DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	Asst. Treas./D ☐ Change ☒ Addition
NAME	SMITH, RUTH		3.2 NAME	Theresa Reed
STREET ADDRESS	1091 W HANCOCK DR		3.3 STREET ADDRESS	785 JuTland ST.
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP	Deltona, Fl 32725
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ELIZABETH		4.2 NAME	
STREET ADDRESS	965 YELLOW BIRD AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANKFORD, NAOMI		5.2 NAME	
STREET ADDRESS	1551 FORT SMITH BOULEVARD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CROWELL, EDITH		6.2 NAME	
STREET ADDRESS	1429 BIRWOOD STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Edith R. Crowell [illegible]

CR2E037 (12/95)