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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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: 04/19/1996

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

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

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: ERWIN, Katherine
82 Street Address (P.O. Box Number is Not Acceptable): 933 Vicksburg Street
83
84 City: Deltona, FL 85 Zip Code: 32725

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: Katherine Erwin — Katherine Erwin, Treasurer & Director — DATE: 1/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	BENEVENTO, ELEANORE		1.2 NAME	MATTHEWS, JEAN	
STREET ADDRESS	1566 SUMATRA AVE.		1.3 STREET ADDRESS	782 Gordon Court	
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP	Deltona, FL 32725	
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	ATD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THERESA REED		3.2 NAME		
STREET ADDRESS	785 JUTLAND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	KENNEDY, ELIZABETH		4.2 NAME	FETZER, EMMA DEAN	
STREET ADDRESS	965 YELLOW BIRD AVE		4.3 STREET ADDRESS	524 Saxon Boulevard	
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP	Deltona, FL 32725	
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	TD	☐ Change ☒ Addition
NAME	CROWELL, EDITH		6.2 NAME	ERWIN, KATHERINE	
STREET ADDRESS	1429 BIRWOOD STREET		6.3 STREET ADDRESS	933 Vicksburg Street	
CITY-ST-ZIP	DELTONA FL		6.4 CITY-ST-ZIP	Deltona, FL 32725	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Katherine Erwin — Katherine Erwin, Treasurer — 1/14/97 — (904)532-0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013749