FILE NOW: FILING FEE IS $61.25

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90059 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711600**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/07/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7089777 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FETZER, EMMA DEAN
524 SAXON BLVD
DETONA FL 32725

10. Name and Address of New Registered Agent

81 Name: ELIZABETH J. HOFFMANN
82 Street Address (P.O. Box Number is Not Acceptable): 1212 E. HANCOCK DRIVE
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: Elizabeth J. Hoffmann ELIZABETH J. HOFFMANN 4/30/99
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	LESTER, ELIZABETH		1.2 NAME		
STREET ADDRESS	1301 TIVOLI DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☒ Addition
NAME	LANKFORD, NAOMI		2.2 NAME	HENRIETTA BICKFORD	
STREET ADDRESS	1551 FT SMITH BLVD		2.3 STREET ADDRESS	1029 HEMINGWAY DR.	
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	ATD	☒ DELETE	3.1 TITLE	ATD	☒ Change ☒ Addition
NAME	WEBER, REBA		3.2 NAME	NORMA MCKAHAN	
STREET ADDRESS	1837 PORTVIEW AVE		3.3 STREET ADDRESS	1220 CENTRAL TRAIL	
CITY-ST-ZIP	DELTONA FL 32738		3.4 CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	BREHOVE, SABINA		4. 2 NAME	LAVAUGHN BOYLE	
STREET ADDRESS	1265 CORONADO TERR		4.3 STREET ADDRESS	954 HUMPHREY BLVD	
CITY-ST-ZIP	DELTONA FL 32725		4.4 CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	POLLACK, JOAN		5.2 NAME		
STREET ADDRESS	2054 DALTON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		5.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	FETZER, EMMA DEAN		6.2 NAME	ELIZABETH HOFFMANN	
STREET ADDRESS	524 SAXON BLVD		6.3 STREET ADDRESS	1212 E. HANCOCK DR.	
CITY-ST-ZIP	DELTONA FL 32725		6.4 CITY-ST-ZIP	DELTONA, FL 32725	

14. 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 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, with all other like empowered.

SIGNATURE: Elizabeth J. Hoffmann **SIGNATURE REQUIRED** ELIZABETH J. HOFFMANN 4/30/99 (407)860-1201
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)