2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90136 049 ****61.25

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DOCUMENT # 711600

1. Entity 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

D0033602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7089777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYLE, LAVAUGHN E 954 HUMPHREY BLVD DELTONA FL 32738-7905	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.

SIGNATURE BOYLE, LaVAUGHN E LaVaughn E. Boyle, Treasurer 04/06/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LESTER, ELIZABETH 1301 TIVOLI DR DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUNDERLAND, JUNE R. 2369CAPTAIN DRIVE DELTONA, FL 32738-1188	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BICKFORD, HENRIETTA 1029 HEMINGWAY DR DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, MAE N. 1634 HORSESHOE TERRACE DELTONA, FL 32738-4969	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD MCKAHAN, NORMA 1220 CENTRAL TRAIL DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDROYER JEAN LeROYER, JEAN 926 WESTLINE AVENUE DELTONA, FL 32725-7234	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYLE, LAVAUGHN 954 HUMPHREY BLVD DELTONA FL 32738	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYLE, LaVAUGHN E. 954 HUMPHREY BOULEVARD DELTONA, FL 32738-7905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLLACK, JOAN 2054 DALTON AVE DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELSIE STOLTZ 667 VICKSBURG STREET DELTONA, FL 32725-2636	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOFFMAN, ELIZABETH 1212 E. HANCOCK DR. DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD LEE, PATRICIA 1480 WILTSHIRE DRIVE DELTONA, FL 32725-5925	☒ Change ☐ Addition

CR2E037 (10/00)

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: LaVaughn E. Boyle LAVAUGHN E. BOYLE 04/06/01 386/860-7034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #