

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90375 020 ****61.25

DOCUMENT # 711600

1. Entity Name

DELTONA WOMAN'S CLUB, INC.



Principal Place of Business

**1049 E NORMANDY BLVD
DELTONA FL 32725
US**

Mailing Address

**PO BOX 5361
DELTONA FL 32728-5361
US**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TD LaVaughn E. Boyle**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SUNDERLAND, JUNE R	☒ Delete
STREET ADDRESS	2369 CAPTAIN DRIVE	
CITY-ST-ZIP	DELTONA FL 32738-1188	
TITLE NAME	VD STOLTZ, ELISE	☒ Delete
STREET ADDRESS	667 VICKBURG STREET	
CITY-ST-ZIP	DELTONA FL 32725-2636	
TITLE NAME	SD LEROYER, JEAN	☒ Delete
STREET ADDRESS	926 WESTLINE AVENUE	
CITY-ST-ZIP	DELTONA FL 32725-7234	
TITLE NAME	TD BOYLE, LAVAUGHN	☐ Delete
STREET ADDRESS	954 HUMPHREY BLVD	
CITY-ST-ZIP	DELTONA FL 32738-7905	
TITLE NAME	VD ALLISON, JO ANN	☐ Delete
STREET ADDRESS	511 BLACKSTONE DRIVE	
CITY-ST-ZIP	DELTONA FL 32725-8461	
TITLE NAME	ATD LEE, PATRICIA	☐ Delete
STREET ADDRESS	1480 WILTSHIRE DRIVE	
CITY-ST-ZIP	DELTONA FL 32725-5925	

TITLE NAME	PD BOWER, MURIEL	☒ Change ☐ Addition
STREET ADDRESS	1060 PRESCOTT BOULEVARD	
CITY-ST-ZIP	DELTONA, FL 32738-6716	
TITLE NAME	VD LITTLE, MARY	☒ Change ☐ Addition
STREET ADDRESS	2052 ALDORO TERRACE	
CITY-ST-ZIP	DELTONA, FL 32725-3302	
TITLE NAME	SD POLLACK, JOAN	☒ Change ☐ Addition
STREET ADDRESS	2054 DALTON AVENUE	
CITY-ST-ZIP	DELTONA, FL 32725-3314	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **TD LaVaughn E. Boyle** **04/29/03** **386/860-7034**

CR2E037 (10/02)