I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL A. MCTIERNAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 700713

Entity Name: THE ORMOND BEACH WOMAN'S CLUB, INC.

Current Principal Place of Business:

42 NORTH BEACH STREET ORMOND BEACH, FL 32174

Current Mailing Address:

14 FISHERMAN'S CIRCLE C/O GAIL MCTIERNAN APT.#10 ORMOND BEACH, FL 32174 US

FEI Number: 59-0799309

Name and Address of Current Registered Agent:

SIMS, G. LARRY 1020 W. INTERNATIONAL SPEEDWAY BLVD. ORMOND BEACH, FL 32114 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	V
Name	STOVER, SHIRLEY	Name	MEAD, KAYE
Address	549 MCINTOSH DR	Address	96 OLD BARN TRAIL
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	SR	Title	TREASURER
Title Name	SR WEEKS, THERESA	Title Name	TREASURER MCTIERNAN, GAIL
			MCTIERNAN, GAIL 14 FISHERMANS CIRCLE
Name	WEEKS, THERESA	Name	MCTIERNAN, GAIL

TREASURER

02/16/2015 Date

Date

FILED Feb 16, 2015 Secretary of State CC3876673456