

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90041 013 \*\*\*\*61.25

**DOCUMENT # 700713**

1. Entity Name

THE ORMOND BEACH WOMAN'S CLUB, INC.



Principal Place of Business

42 NORTH BEACH STREET  
ORMOND BEACH FL 32174-5638

Mailing Address

102 SEVILLE ST  
ORMOND BEACH FL 32174-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0799309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, LOUIS E.  
170 E. GRANADA BLVD  
ORMOND BEACH FL 32074

7. Name and Address of New Registered Agent

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

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**  
**Due By May 1, 2006**

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

TITLE P ☐ Delete  
NAME GUTWEIN, ANNA JANE  
STREET ADDRESS 9 PINE SHADOW TR  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SD ☐ Delete  
NAME JARBOE, KATHERINE  
STREET ADDRESS 307 TIMBERLINE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE T ☒ Delete  
NAME HUEBNER, THERESA  
STREET ADDRESS 188 FAIRWAY DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ Delete  
NAME CRAWFORD, JEAN  
STREET ADDRESS 14 ISLAND CAY DR  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VPD ☒ Delete  
NAME SCHWIEG, PHYLLIS  
STREET ADDRESS 4 WINDSOR DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VP ☒ Delete  
NAME DUFFY, EDNA  
STREET ADDRESS 420 LAKEBRIDGE PLAZA DR, APT 503  
CITY-ST-ZIP ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME THERESA WEEKS  
STREET ADDRESS 105 FAIRWAY DR  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Change ☒ Addition  
NAME GENEVA NIETLING  
STREET ADDRESS 15 OAKMONT CIR.  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☒ Addition  
NAME VPD DEE FONTAINE  
STREET ADDRESS 3009 W. NALIFAX APT A29  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☒ Addition  
NAME D SHIRLEY STOVER  
STREET ADDRESS 549 McINTOSH DR  
CITY-ST-ZIP ORMOND BEACH, FL 32174

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: THERESA WEEKS

Feb 3 2006 384/177-2871