

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 Mailing Address

**42 NORTH BEACH STREET
 ORMOND BEACH FL 32174-5638** **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 Applied For

59-0799309 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 _____ (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	<input type="checkbox"/> Delete
NAME	GUTWEIN, ANNA JANE	
STREET ADDRESS	9 PINE SHADOW TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JARBOE, KATHERINE	
STREET ADDRESS	307 TIMBERLINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUEBNER, THERESA	
STREET ADDRESS	188 FAIRWAY DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, JEAN	
STREET ADDRESS	14 ISLAND CAY DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHWIEG, PHYLLIS	
STREET ADDRESS	4 WINDSOR DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T THERESA WEEKS	
STREET ADDRESS	105 FAIRWAY DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENEVA NIETLING	
STREET ADDRESS	15 OAKMONT CIR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEE FONTAINE	
STREET ADDRESS	3009 W. NALIFAX APT A29	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	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 13 2006 396-177-2871