

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700713

FILED
Feb 23, 2009
Secretary of State

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

Current Principal Place of Business:

42 NORTH BEACH STREET
ORMOND BEACH, FL 321745638

New Principal Place of Business:

42 NORTH BEACH STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

102 SEVILLE ST
ORMOND BEACH, FL 321745638

New Mailing Address:

102 SEVILLE ST
ORMOND BEACH, FL 32174764

FEI Number: 59-0799309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONWAY, LOUIS E.
170 E. GRANADA BLVD
ORMOND BEACH, FL 32174 US

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:

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEARELL, BEVERLY
Address: 60 BIG BUCK TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: BRUNO, FRAN
Address: 2 NOCOROCO COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: WEEKS, TRERESA
Address: 105 FAIRWAY DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: CS () Delete
Name: WNUK, MARY A
Address: 45 TIMUCUAN DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: CRAWFORD, JEAN
Address: 14 ISLAND CAY DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: STOVER, SHIRLSY
Address: 549 MCINTOSH DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: PURCELL, MARJORIE
Address: 102 SEVILLE ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WNUK, MARY A
Address: 45 TIMUCUAN DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARJORIE L. PURCELL

AT

02/23/2009

Electronic Signature of Signing Officer or Director

Date