

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

DOCUMENT # 702004

(3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

**NEW SMYRNA BEACH BUSINESS AND PROFESSIONAL WOMEN
'S CLUB, INC.**

Principal Place of Business

Mailing Address

618 BALL STREET
NEW SMYRNA BEACH FL 32168
US

618 BALL STREET
NEW SMYRNA BEACH FL 32168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1961

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1891180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under ss. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 618 BALL STREET
Suite, Apt. #, etc.

26 618 BALL STREET
Suite, Apt. #, etc.

City & State

City & State

23 NEW SMYRNA BEACH, FL

27 NEW SMYRNA BEACH, FL

Zip

Country

Zip

Country

24 32168

25 VOLUSIA

29 32168

30 VOLUSIA

9. Name and Address of Current Registered Agent

EVERLY, BEBBA
618 BALL STREET
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name EVERLY, BEBBA

82 Street Address (P.O. Box Number is Not Acceptable)

618 BALL STREET

83

84 City

NEW SMYRNA BEACH, FL

85 Zip Code

32168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Bebba Everly

(NOTE: Registered Agent signature required when reappointing)

4/23/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	POEHLER, FLORENCE
STREET ADDRESS	206 CONRAD DRIVE
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	PD
NAME	BELZ, DEBBIE
STREET ADDRESS	P.O. BOX 2054
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	SCHLAUCH, JOAN
STREET ADDRESS	123 AZELEA
CITY - ST - ZIP	EDGEWATER FL
TITLE	TD
NAME	EVERLY, BEBBA
STREET ADDRESS	618 BALL STREET
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	VD
NAME	CARTER, ADELAIDE
STREET ADDRESS	1705 DAYTON ST
CITY - ST - ZIP	EDGEWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	POEHLER, FLORENCE	☐ Change ☐ Addition
12 NAME	206 CONRAD DRIVE	
13 STREET ADDRESS	NEW SMYRNA BEACH, FL	
14 CITY - ST - ZIP		
21 TITLE	PD	☒ Change ☐ Addition
22 NAME	BELZ, DEBBIE	
23 STREET ADDRESS	P.O. BOX 2054	
24 CITY - ST - ZIP	NEW SMYRNA BEACH, FL	
31 TITLE	SD	☒ Change ☐ Addition
32 NAME	CARTER, ADELAIDE	
33 STREET ADDRESS	1705 DAYTON ST	
34 CITY - ST - ZIP	EDGEWATER, FL	
41 TITLE	TD	☐ Change ☐ Addition
42 NAME	EVERLY, BEBBA	
43 STREET ADDRESS	618 BALL STREET	
44 CITY - ST - ZIP	NEW SMYRNA BEACH FL	
51 TITLE	VD	☒ Change ☐ Addition
52 NAME	NELLIE M SOLOMON	
53 STREET ADDRESS	4666 FIR RD	
54 CITY - ST - ZIP	NEW SMYRNA BEACH, FL	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bebba Everly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

904-423-1863