

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **702004** (3)

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**

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NEW SMYRNA BEACH FL 32168
US**



3. Date Incorporated or Qualified
02/09/1961

3a. Date of Last Report
05/01/1995

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

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

2. Principal Place of Business

2a. Mailing Address

21 **206 CONRAD DRIVE**

26 **P.O. BOX 1344**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **NEW SMYRNA BEACH FL**

28 **NEW SMYRNA BEACH FL**

Zip

Country

Zip

Country

24 **32168**

25 **USA**

29 **32170**

30 **FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVERLY, BEBBA
618 BALL STREET
NEW SMYRNA BEACH FL 32168**

81 Name

FLORENCE POEHLER

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

206 CONRAD DRIVE

83

84

City **NEW SMYRNA BEACH**

FL

85 Zip Code
32168

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Florence Poehler - D

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **POEHLER, FLORENCE**
STREET ADDRESS **206 CONRAD DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **PD** ☐ DELETE
NAME **BELZ, DEBBIE**
STREET ADDRESS **P.O. BOX 2054**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **SD** ☐ DELETE
NAME **CARTER, ADELAIDE**
STREET ADDRESS **1705 DAYTON ST**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **TD** ☒ DELETE
NAME **EVERLY, BEBBA**
STREET ADDRESS **618 BALL STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **VD** ☐ DELETE
NAME **SOLOMON, NELLIE M**
STREET ADDRESS **4666 FIR RD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Florence Poehler - D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

DATE

(904) 428-2522

DAYTIME PHONE #

CR2E037 (12/95)