

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

**206 CONRAD DRIVE  
NEW SMYRNA BEACH FL 32168  
US**

**PO BOX 1344  
NEW SMYRNA BEACH FL 32170  
US**



3. Date Incorporated or Qualified

**02/09/1961**

4. FEI Number

**59-1891180**

Applied For

☐ Yes ☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POEHLER, FLORENCE  
206 CONRAD DRIVE  
NEW SMYRNA BEACH FL 32168**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE **TD** ☐ 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 **PD** ☒ DELETE  
NAME **JENNIFER FERGUSON**  
STREET ADDRESS **817 CRAIG ST**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **VD** ☐ DELETE  
NAME **MICHELLE LYLES**  
STREET ADDRESS **6369 RIVER RD**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **JOWELL BECK** ☐ DELETE  
NAME **4328 S. ATLANTIC AVE**  
STREET ADDRESS **DAYTONA BEACH, FL 32127**  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **335 N. CAUSEWAY #D4**  
2.4 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **PD** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition  
6.2 NAME **JOWELL BECK**  
6.3 STREET ADDRESS **4328 S. ATLANTIC AVE.**  
6.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32127**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**DEBBIE BELZ**

4/10/98

904-424-6986

CR2E037 (1097)