

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 029 ****61.25

DOCUMENT # 702004

1. Entity Name

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



Principal Place of Business

**1108 PALMETTO STREET
NEW SMYRNA BEACH FL 32168-7422
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1891180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, ADELAIDE B
1108 PALMETTO STREET
NEW SMYRNA BEACH FL 32168-7428**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DSC
NAME: BADER LYTLE, DEBORAH ☒ Delete
STREET ADDRESS: 188 HAZELWOOD RIVER RD
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP
NAME: COWART, DONNA T ☐ Delete
STREET ADDRESS: 912 BENTWOOD LANE
CITY-ST-ZIP: DAYTONA BEACH FL 32127

TITLE: DSC ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TD
NAME: CARTER, ADELAIDE ☐ Delete
STREET ADDRESS: 1108 PALMETTO STREET
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168-7428

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD
NAME: CARTISANO, CHRISTINE ☐ Delete
STREET ADDRESS: 3313 MANGO TREE DR
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: D ☒ Change ☐ Addition
NAME: 1140 Roberto Lane
STREET ADDRESS: New Smyrna Bch, FL 32168
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D
NAME: BECK, JOWELL ☒ Delete
STREET ADDRESS: 4328 S. ATLANTIC AVE.
CITY-ST-ZIP: PONCE INLET FL 32127

TITLE: DVP ☐ Change ☒ Addition
NAME: Elisa D. Carter
STREET ADDRESS: 7 Oak Tree Drive
CITY-ST-ZIP: New Smyrna Bch, FL 32169

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 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: Adelaide B Carter Adelaide B. Carter 4/24/05 386-427-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #