


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 033 ****61.25

DOCUMENT #702004 1. Entity Name NEW SMYRNA BEACH BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.	
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Principal Place of Business 1108 PALMETTO STREET NEW SMYRNA BEACH, FL 32168-7422 US	Mailing Address PO BOX 1344 1108 Palmetto St. NEW SMYRNA BEACH, FL 32170 US 32168-7422
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1891180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Adelaide B. Carter Adelaide B. Carter, Treasurer 4/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSC COWART, DONNA T 912 BENTWOOD LANE DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ADELAIDE 1108 PALMETTO STREET NEW SMYRNA BEACH, FL 321687428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTISANO, CHRISTINE 1140 ROBERTA LANE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, JOWELL 4328 S. ATLANTIC AVE. PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTER, ELISA D 7 OAK TREE DRIVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/18/06 386-427-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #