

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 035 ****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
**1108 PALMETTO ST
NEW SMYRNA BEACH, FL 32168-7422 US**

40067230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1891180

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSC
COWART, DONNA T
912 BENTWOOD LANE
DAYTONA BEACH, FL 32127** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARTER, ADELAIDE
1108 PALMETTO STREET
NEW SMYRNA BEACH, FL 321687428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARTISANO, CHRISTINE
1140 ROBERTA LANE
NEW SMYRNA BEACH, FL 32168** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CARTER, ELISA D
7 OAK TREE DRIVE
NEW SMYRNA BEACH, FL 32169** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSC
Deborah Bader-Lytle
188 Hazelwood River Road
Edgewater, FL 32141** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

4/15/07

386-429-4052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #