

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **702004**

1. Entity Name

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



Principal Place of Business

404 N RIVERSIDE DR ~~1705 DAYTON ST.~~  
EDGEWATER FL 32132  
US

Mailing Address

PO BOX 1344  
NEW SMYRNA BEACH FL 32170  
US

2. Principal Place of Business

**1705 DAYTON Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1891180**

Applied For

Not Applicable

Zip

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, ADELAIDE B  
1705 DAYTON ST  
EDGEWATER FL 32132

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

*Adelaide B. Carter* Adelaide B. Carter, Treasurer

*4/14/03*

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

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 NAME STREET ADDRESS CITY-ST-ZIP	TD HEATHERLY, PATRICIA J 404 N. RIVERSIDE DR MIAMI FL 33132	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC CARTER, Elisa 7 Oak Tree Dr. New Smyrna Bch, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COWART, DONNA T 912 BENTWOOD LANE DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTISANE, CHRISTINE 3313 MANGO TREE DR EDGEWATER FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTISANE, Christine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADER-LYTHE, DEBORAH 188 HAZELWOOD RIVER DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beck, Jowell 4328 S. Atlantic Ave Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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* 4/14/03 386-427-4052

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90205 013 \*\*\*\*61.25