FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

(5)

Mailing Address

WOMAN'S CLUB OF NEW SMYRNA, INC.

FILED Apr 28 1998 8:00am Secretary of State

403 MAGNOLIA	A. P O BOX 106 BEACH FL 32170	P.O BOX 106 NEW SMYRNA BEACH FL 32170				3. Date Incorporated or Qualified			
NEW OWINDS DENOTIFE 32170		US				11/07/1961			
		**				4. FEI Number		Applied For	
						5 9-6554307	-3	Not Applicable	
<u> </u>	Place of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.7	5 Additional	
21		26				G. Continuate of Status Dosings	Fee	Required	
Sulte, Api.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be			
22		27				Trust Fund Contribution	Adder	d to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country Zip			0] No		
24	}	Zip	Count	ry		8. This corporation owes or has paid the curr			
25 29 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
s. Haire and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
PERTTOLA, PEGGY J.					idirio				
325 N CAUSEWAY B304			8	82 Street Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH FL 32069			-	83					
14517 01	MINIMA DEACH I'L 32008		53					ļ	
•			8	4 Ci	ity	FI	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 817 0500	and 617 1508 Florida Statut	as the abo	<u> </u>	mad across			-)	
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 agen	and title if equipment (AVAT	E. Donistand &			when reinstating) DATE			
12.	OFFICERS AND		13.	Jein mA	gradule required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	VD	≥ DELETE	1,1 TITLE		VI		Change		
NAME	ALDERMAN, PEGGY		1.2 NAM		Hu	unter, Orian	•		
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS		35 N. Causeway A-4		İ	
CITY-ST-ZIP	OAK UNI CI			New Smyrna Beach, Fl.		w Smyrna Beach Fl	3216	ا ه	
TITLE	SD	DELETE 2.1		<u> </u>	T		Change	e 🔀 Addition	
NAME	BLISS, IRENE		2.2 NAME	2.2 NAME		McBride, Alice	, •		
STREET ADDRESS	53 LAKE FAIRGREEN DRIVE		2.3 STREET ADDRESS		RESS	121 Shangri-La Circle	<u>.</u>		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4007	2. 4 CITY-ST-ZIP		121 Shangri-La Circle Edgewater, Fl. 32132			
TITLE			_	A 4 7071 F			Change	e & Addition	
NAME	HOOMOOD DELLEGAL		3.2 NAME	3.2 NAME		arishone, Lou	-		
STREET ADDRESS	4623 SO ATLANTIC AVE		3.3 STREE	3.3 STREET ADDRESS		24 Shangri-La Cir.			
CITY-ST-ZIP	NEW SMYRNA BEACH FL			3.4. CITY-ST-ZIP		dgewater, Fl. 32132		j	
TITLE	PD	≥ DELETE	4.1 TITLE		D	2	Change	e Addition	
NAME	PERTTOLA, PEGGY J.		4. 2 NAM		H	logwood, Beauton	_	1	
STREET ADDRESS			4.3 STREE	4.3 STREET ADDRESS		1901 Bautron Court			
CITY-ST-ZIP	NEW SMYRNA BCH. FL		4.4 CITY-	ST-ZIP	PO	rt Orange, Fl. 32124		ĺ	
TITLE		DELETE	5.1 TITLE		D		Change	e	
NAME			5.2 NAME	5.2 NAME		rittola Posser T		1	
STREET ADDRESS	TREET ADDRESS		5.3 STREET ADDRESS		ress 32	5 N. Causeway #R-304			
CITY-ST-ZIP			5.4 CITY-	5.4 CITY-ST-ZIP		rittola, Peggy J. 5 N. Causeway #B-304 w Smyrna Beach, Fl. 3	2169	,	
TITLE		DELETE	6.1 TITLE		<u> </u>		Change		
NAME,			6.2 NAME					į	
STREET ADDRESS			6.3 STREE	T ADDR	RESS			Ţ	
CITY-ST-ZIP			64 CITY						

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 panged or on an attachment with an address.

Director

4/20/98 (904) 761-3466