

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 047 ****61.25

DOCUMENT # 703149

1. Entity Name

WOMAN'S CLUB OF NEW SMYRNA, INC.



Principal Place of Business

403 MAGNOLIA, P O BOX 106
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O BOX 106
NEW SMYRNA BEACH FL 32170
US

J4U14JJ4



MOORE CR2E037 (11/03)

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

59-6554307

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

BRACKETT, RUTH J
335 N CAUSEWAY F2
NEW SMYRNA BEACH FL 32069

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

Ruth J. Brackett

Ruth J. Brackett

Feb. 6, 2004

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, 2004

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 V ☐ Delete
NAME HAGERTY, ALICE
STREET ADDRESS 516 BOXWOOD LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE SD ☐ Delete
NAME TIPPY, BETTY
STREET ADDRESS 105 DEE ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE V ☐ Delete
NAME RUMP, BETTY
STREET ADDRESS 219 SHANGRI-LA CIR.
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☐ Delete
NAME BRACKETT, RUTH J
STREET ADDRESS 335 N. CAUSEWAY F2
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SD ☐ Delete
NAME VARISHONE, LOU
STREET ADDRESS 224 SHANGRI-LA CIRCLE
CITY-ST-ZIP EDGEWATER FL 32132

TITLE P ☐ Delete
NAME CHAMBERS, MARTHA
STREET ADDRESS 23 PELICAN LANE
CITY-ST-ZIP EDGEWATER FL 32141

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Asst. Treasurer ☐ Change ☒ Addition
NAME Marler, Deamie
STREET ADDRESS 15 N. Causeway #402C
CITY-ST-ZIP New Smyrna Beach, FL. 32169

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

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

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

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

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:

Ruth J. Brackett

Ruth J. Brackett

2-6-04

(386) 428-5351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #