


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90022 043 ****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6554307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRACKETT, RUTH J 335 N CAUSEWAY F2 NEW SMYRNA BEACH FL 32069		7. Name and Address of New Registered Agent Name Piccione, Elizabeth Street Address (P.O. Box Number is Not Acceptable) 2708 TURNBULL ESTS. DRIVE City New Smyrna Beach FL Zip Code 32168	
--	--	---	--

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 Elizabeth Piccione ELP — Treasurer DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V HAGERTY, ALICE 516 BOXWOOD LANE NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT-VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHASE, Shirley 4614 S. ATLANTIC AVE. New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIPPY, BETTY 105 DEE ST NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR-SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bow, BARBARA 3501 S. ATLANTIC AVE. #501 New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUMP, BETTY 219 SHANGRI-LA CIR. EDGEWATER FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECOND VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rump, Betty 219 SHANGRI-LA Circle Edgewater FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRACKETT, RUTH J 335 N. CAUSEWAY F2 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER "T" Piccione, Elizabeth 2708 TURNBULL ESTATES DRIVE New Smyrna Beach, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARISHONE, LOU 224 SHANGRI-LA CIRCLE EDGEWATER FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lou VARISHONE 224 SHANGRI-LA Circle Edgewater, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS, MARTHA 23 PELICAN LANE EDGEWATER FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY S DACAR, Yolanda 445 Desoto Drive New Smyrna Beach, FL 32169 <input type="checkbox"/> Change <input checked="" 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: Elizabeth Piccione ELP — 4-4-05 3864099148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40049158
\$703149

TITLE: VP
NAME: CHASE, SHIRLEY
ADDRESS: 4614 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE: S/D
NAME: BOW, BARBARA
ADDRESS: 3501 S. ATLANTIC AVENUE #501
NEW SMYRNA BEACH, FL 32169

TITLE: VP/D
NAME: RUMP, BETTY
ADDRESS: 219 SHANGRI-LA CIRCLE
EDGEWATER, FL 32132

TITLE: T
NAME: PICCIONE, ELIZABETH
ADDRESS: 2708 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH, FL 32168

TITLE: P/D
NAME: VARISHONE, LOU
ADDRESS: 224 SHANGRI-LA CIRCLE
EDGEWATER, FL 32132

TITLE: S (RECORDING SECRETARY)
NAME: DACAR, YOLANDA
ADDRESS: 445 DESOTO DRIVE
NEW SMYRNA BEACH, FL 32169