

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 020 ****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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

ELIZABETH, PICCIONE
2708 TUNBULL ESTS DRIVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

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

Elizabeth Piccione *EL* *TREASURER*

3-13-06

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, 2006

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 VP ☒ Delete
NAME SHIRLEY CHASE
STREET ADDRESS 4614 S ATLANTIC
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SD ☐ Delete
NAME BOW, BARBARA
STREET ADDRESS 3501 S ATLANTIC AVE, # 501
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE 2VPD ☐ Delete
NAME RUMP, BETTY
STREET ADDRESS 219 SHANGRI-LA CIR.
CITY-ST-ZIP EDGEWATER FL 32132

TITLE T ☐ Delete
NAME PICCIONE, ELIZABETH
STREET ADDRESS 2708 TURNBULL ESTATES DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE RS ☐ Delete
NAME DACAR, YOLANDA
STREET ADDRESS 445 DESATE DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP FIRST VICE PRESIDENT ☐ Change ☒ Addition
NAME CHILDRESS, SHIRLEY
STREET ADDRESS 527 N ATLANTIC AVE
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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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 exemptions contained in Section 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:

EL *Elizabeth Piccione* 3-13-06 386 409 9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #