

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703149

FILED
Mar 08, 2009
Secretary of State

Entity Name: WOMAN'S CLUB OF NEW SMYRNA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

403 MAGNOLIA
NEW SMYRNA BEACH, FL 32170

Current Mailing Address:

P.O BOX 106
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-6554307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHILDRRESS, SHIRLEY
Address: 527 N ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: SINICKI, NANCY
Address: 3122 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: 2VPD () Delete
Name: RUMP, BETTY
Address: 219 SHANGRI-LA CIR.
City-St-Zip: EDGEWATER, FL 32132

Title: T () Delete
Name: PICCIONE, ELIZABETH
Address: 2708 TURNBULL ESTATES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD () Delete
Name: VARISHONE, LOU
Address: 224 SHANGRI-LA CIRCLE
City-St-Zip: EDGEWATER, FL 32132

Title: S (X) Delete
Name: DACAR, YOLANDA
Address: 445 DESOTO DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RUMP, BETTY
Address: 219 SHANGRI-LA CIRCLE
City-St-Zip: EDGEWATER, FL 32132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: DACAR, YOLANDA
Address: 445 DESATE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH PICCIONE

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date