

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90157 025 ****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

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

**PERTTOLA, PEGGY J.
325 N CAUSEWAY B304
NEW SMYRNA BEACH FL 32069**

Name

Brackett, Ruth J.

Street Address (P.O. Box Number is Not Acceptable)

335 N. Causeway F2

City

New Smyrna Beach

FL

Zip Code

32169

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

Jan. 27, 2003

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **AUGUSTA, WINNIE**
STREET ADDRESS **118 THOMAS ST**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **V** ☐ Change ☒ Addition
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 **Rump, Betty** ☐ Change ☒ Addition
NAME **219 Shangri-La Circle**
STREET ADDRESS **Edgewater, FL. 32132**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PERTTOLA, PEGGY J.**
STREET ADDRESS **325 N. CAUSEWAY #B-304**
CITY-ST-ZIP **NEW SMYRNA BCH. FL 32169**

TITLE **T** ☐ Change ☒ Addition
NAME **Brackett, Ruth J.**
STREET ADDRESS **335 N. Causeway F2**
CITY-ST-ZIP **New Smyrna Beach, FL. 32169**

TITLE **D** ☒ Delete
NAME **MCBRIDE, ALICE**
STREET ADDRESS **121 SHANGRI-LA CIRCLE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **T** ☐ Change ☒ Addition
NAME **Marler, Deamie**
STREET ADDRESS **315 N. Causeway #402C**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

CR2E037 (10/02)