


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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90316 010 ****70.00

DOCUMENT # 711600			
1. Entity Name DELTONA WOMAN'S CLUB, INC.			
Principal Place of Business 1049 E NORMANDY BLVD DELTONA FL 32725 US		Mailing Address PO BOX 5361 DELTONA FL 32728-5361 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 (10/05)

4. FEI Number 23-7089777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYLE, LAVAUGHN E 954 HUMPHREY BLVD DELTONA FL 32738-7905		Name MURIEL A. BOWER	
		Street Address (P.O. Box Number is Not Acceptable) 1060 PRESCOTT BLVD.	
		City DELTONA	FL Zip Code 32738-6716

B. 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 Muriel A. Bower MURIEL A. BOWER TD March 9, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWER, MURIEL A PD <input checked="" type="checkbox"/> Delete 1060 PRESCOTT BLVD DELTONA FL 32738-6716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASQUELINE JUSTIN-PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1866 ALAMEDA DRIVE DELTONA, FL 32738-4967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLCHESKI, STASIA SD <input type="checkbox"/> Delete 1448 LAMBERT STREET DELTONA FL 32725-7435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASMER, MILDRED TD <input checked="" type="checkbox"/> Delete 1901 WEST CHAPEL DRIVE DELTONA FL 32738-3811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURIEL A. BOWER-TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1060 PRESCOTT BLVD. DELTONA, FL 32738-6716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUKARM, EDITH K <input checked="" type="checkbox"/> Delete 1896 MONTICELLO STREET DELTONA FL 32738-4816	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCY LENS I VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 730 BRECHNER TERRACE DELTONA, FL 32738-7703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BOYLE, LAVAUGHN E ATD <input checked="" type="checkbox"/> Delete 954 HUMPHREY BOULEVARD DELTONA FL 32738-7905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BETTY BEAUCHAMP ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 882 ELKCAM BLVD DELTONA, FL 32725-2732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKE, CONNIE VD <input checked="" type="checkbox"/> Delete 409 SANDY LANE DELTONA FL 32738-8654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILDRED GILBERT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 441 KINGS LAKE DRIVE DEBARY, FL 32713-1915

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: Muriel A. Bower MURIEL A. BOWER March 9, 2006 (386) 574-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #