


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90088 021 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOWER, MURIEL A 1060 PRESCOTT BLVD DELTONA FL 32738-6716		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	



1st MOORE CR2E037 (10/06)

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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUELINE, JUSTIN		NAME	MURIEL A. BOWER	
STREET ADDRESS	1866 ALAMEDA DR		STREET ADDRESS	1060 PRESCOTT BL.	
CITY- ST- ZIP	DELTONA FL 32738-4967		CITY- ST- ZIP	DELTONA FL 32738-6716	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLCHESKI, STASIA SD		NAME	WOLCHESKI, STASIA	
STREET ADDRESS	1448 LAMBERT STREET		STREET ADDRESS	1448 LAMBERT ST.	
CITY- ST- ZIP	DELTONA FL 32725-7435		CITY- ST- ZIP	DELTONA FL 32725-7435	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, MURIEL A		NAME	CLARKE, LOUISE	
STREET ADDRESS	1060 PRESCOTT BLVD		STREET ADDRESS	1712 N. MERRICK DR	
CITY- ST- ZIP	DELTONA FL 32738-6716		CITY- ST- ZIP	DELTONA FL 32738-4951	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENSI, LUCY		NAME	HOFFMANN, ELIZABETH	
STREET ADDRESS	730 BRECHNER TERR		STREET ADDRESS	1212 E. HANCOCK DR	
CITY- ST- ZIP	DELTONA FL 32738-7703		CITY- ST- ZIP	DELTONA FL 32725-6428	
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUCHAM, BETTY		NAME	LE ROYER, JEAN	
STREET ADDRESS	882 EKLCAM BLVD		STREET ADDRESS	926 WESTLINE AVE	
CITY- ST- ZIP	DELTONA FL 32738-2732		CITY- ST- ZIP	DELTONA FL 32725-7234	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MILDRED		NAME	MARCHBANK, ELDINE	
STREET ADDRESS	441 KINGS LAKE DR		STREET ADDRESS	2445 BECK CIRCLE	
CITY- ST- ZIP	DEBARY FL 32713-1915		CITY- ST- ZIP	DELTONA FL 32738-6716	

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 386
4/13/07 (409) 574-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #