

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711600

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: DELTONA WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

1049 E NORMANDY BLVD  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5361  
DELTONA, FL 327285361 US

**New Mailing Address:**

FEI Number: 23-7089777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKE, LOUISE A  
1712 N MERRICK DR  
DELTONA, FL 327384951 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: TD ( ) Delete  
Name: CLARKE, LOUISE A  
Address: 1712 N MERRICK DR  
City-St-Zip: DELTONA, FL 327384967 US

Title: SD ( ) Delete  
Name: JUSTIN, PASQUALINE  
Address: 1866 ALAMEDA DR  
City-St-Zip: DELTONA, FL 327238 US

Title: PD ( ) Delete  
Name: MARCHBANK, ELDINE M  
Address: 2445 BECK CIRCLE  
City-St-Zip: DELTONA, FL 32738 US

Title: VD ( ) Delete  
Name: MORALES, SUSAN R  
Address: P. O. BOX 6196  
City-St-Zip: DELTONA, FL 32728 US

Title: ATD ( ) Delete  
Name: LEROYER, JEAN  
Address: 926 WESTLINE AVE  
City-St-Zip: DELTONA, FL 32725 US

Title: VD ( ) Delete  
Name: MILLER, ROSSANA S  
Address: 2543 DELBARTON DR  
City-St-Zip: DELTONA, FL 32725 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ATD (X) Change ( ) Addition  
Name: CLEVELAND, IVA L  
Address: 447 GARDEN ARM RP  
City-St-Zip: DELTONA, FL 32738 US

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: LOUISE A CLARKE

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date