

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711600

FILED
Mar 17, 2010
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: PD
Name: CLARKE, LOUISE A
Address: 1712 N MERRICK DR
City-St-Zip: DELTONA, FL 327384967 US

Title: SD
Name: JUSTIN, PASQUALINE
Address: 1866 ALAMEDA DR
City-St-Zip: DELTONA, FL 32738 US

Title: VD
Name: MARCHBANK, ELDINE M
Address: 2445 BECK CIRCLE
City-St-Zip: DELTONA, FL 32738 US

Title: VD
Name: LOCKE, CONNIE
Address: 409 SANDY LANE
City-St-Zip: DELTONA, FL 32738 US

Title: TD
Name: CLEVELAND, IVA L
Address: 447 GOLDEN ARM RD
City-St-Zip: DELTONA, FL 32738 US

Title: ATD
Name: WHITTEMORE, ELIZABETH
Address: 1396 HARTLEY AVE.
City-St-Zip: DELTONA, FL 32725 US

I hereby 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 all other like empowered.

SIGNATURE: LOUISE A. CLARKE

PD

03/17/2010

Electronic Signature of Signing Officer or Director

Date