


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90008 039 ****61.25

DOCUMENT # 721048 1. Entity Name PENINSULA WOMAN'S CLUB			
Principal Place of Business 415 S PENINSULA DR DAYTONA BEACH, FL 32118-4629		Mailing Address C/O Iris Crystal 1408 HARNDEN RD. W. PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box # Same as above		3. Mailing Address C/O Iris Crystal 404 S Beach St #1001 Daytona Beach, FL 32114	
Suite, Apt. #, etc. 404 S Beach St #1001		City & State Daytona Beach, FL 32114	
City & State Daytona Beach, FL 32114		4. FEI Number 59-0683857	
Zip 32114		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07172007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CRYSTAL, IRIS 404 S BCH ST #1001 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP DP CRYSTAL, IRIS 404 S BCH ST 1001 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD CRYSTAL, IRIS 404 S Beach St #1001 Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BOLTZ, HELEN 22 OLD MACON DR ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD FLYNN, RUTH 1408 HARNDEN RD. W. PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SDP SIRK, MARJORIE 3054 S PENINSULA DR DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP AT FREEMAN, NANCY 15 WILD CAT LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD FLYNN, RUTH 1408 HARNDEN RD. W. PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CS FERBRACH, MARGARET 944 S-PENINSULA DR 404 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT FREEMAN, NANCY 15 WILD CAT LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CS FERBRACH, MARGARET 944 S-PENINSULA DR 404 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: July 20, 2007 Daytime Phone #: (386) 38-3896	