


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90093 004 \*\*\*\*61.25

<b>DOCUMENT # 721048</b>			
1. Entity Name <b>PENINSULA WOMAN'S CLUB</b>			
Principal Place of Business 415 S PENINSULA DR DAYTONA BEACH, FL 32118-4629		Mailing Address C/O IRIS CRYSTAL 404 S. BEACH SY #1001 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/o Lettie C Ricks</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>14 OAK VILLAGE DR</b>	
City & State		City & State <b>ORMOND BCH FL</b>	
Zip	Country	Zip	Country
		<b>32174</b>	<b>USA</b>
4. FEI Number <b>59-0683857</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRYSTAL, IRIS 404 S BCH ST #1001 DAYTONA BEACH, FL 32114		Name <b>RICKS, LETTIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 OAK VILLAGE DR</b> City <b>ORMOND BCH</b> FL <b>32174</b>	
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 <u><i>Lettie C Ricks</i></u> <b>LETTIE C RICKS, TREASURER</b> <u>Apr 16, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D BOLTZ, HELEN 22 OLD MACON DR ORMOND BCH FL 32174 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FARMER, DOROTHY 4 OCEAN'S WEST BLVD #304 D DAYTONA BCH FL 32118 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRYSTAL, IRIS 404 S. BEACH ST #1001 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RICKS, LETTIE 14 OAK VILLAGE DR ORMOND BCH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS FERBRACH, MARGARET 944 S PENINSULA DR 404 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 *Lettie C Ricks* **Apr 16, 2008**

**386-676-0596**