

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004980

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** OCEANSIDE WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

201 S. PENINSULA DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1102  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 59-1723999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBY, DONNA  
425 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169 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: P  
Name: TILISON, ARLENE  
Address: 2705 SABAL PALM DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: S  
Name: GOODRICH, IDA  
Address: 124 BLINN ST  
City-St-Zip: OAK HILL, FL 32759

Title: T  
Name: RUBY, DONNA  
Address: 425 S. ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V  
Name: HARVEY, JOAN  
Address: 335 N. CAUSEWAY C4  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DONNA RUBY

T

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date