

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90086 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000739**

1. Corporation Name

**THE WOMAN'S CLUB OF DELAND, FLORIDA, INC.**

Principal Place of Business  
128 W MICHIGAN AVENUE  
DELAND FL 32720

Mailing Address  
PO BOX 347  
DELAND FL 32721-0347

95766 90086 24



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/10/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Election Campaign Financing				\$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

SCHAEFFER, KAY  
8 OAK LANE  
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name	Betty Hayes
82 Street Address (P.O. Box Number is Not Acceptable)	916 E. Georgia Ave.
83 City	DeLand, FL 32724
84 City	DeLand FL 32724

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Betty Hayes* (Betty Hayes, President)

1-5-1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	SCHAEFFER, KAY	1.2 NAME	Betty Hayes
STREET ADDRESS	8 OAK LANE	1.3 STREET ADDRESS	916 E. Georgia Ave.
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	D	2.1 TITLE	Director
NAME	HAYES, BETTY	2.2 NAME	Dolores Peterson
STREET ADDRESS	916 E. GEORGIA AVE.	2.3 STREET ADDRESS	5672 Winona Trail
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DeLeon Springs, FL 32130
TITLE	D	3.1 TITLE	Director
NAME	HUNTER BETTY	3.2 NAME	Carol Cass
STREET ADDRESS	2713 BURGONNE PL	3.3 STREET ADDRESS	400 Cinnamon Circle
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	D	4.1 TITLE	Director
NAME	HABERMEHL, DOLORES	4.2 NAME	Gerry Medlin
STREET ADDRESS	551 LANYARD LANE	4.3 STREET ADDRESS	600 N. McDonald, Av.
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	S	5.1 TITLE	Secretary
NAME	FRAILE, CHRISTINE	5.2 NAME	Nadine Axtell
STREET ADDRESS	411 N. PINE MEADOW DR.	5.3 STREET ADDRESS	600 N. Boundary Av. Apt. 110 A
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	T	6.1 TITLE	Treasurer
NAME	GINDL, JANICE	6.2 NAME	Lee Barlow
STREET ADDRESS	2730 SARATOGA RD	6.3 STREET ADDRESS	939 Larkfield Drive
CITY-ST-ZIP	DELAND FL	6.4 CITY-ST-ZIP	DeLand, FL 32724

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Hayes* Betty Hayes, President

01-05-1999

904-734-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)