2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2002 8:00 am Secretary of State DOCUMENT # **N9200000739** 1. Entity Name THE WOMAN'S CLUB OF DELAND, FLORIDA, INC. 04-23-2002 90442 005 ****61.25 Principal Place of Business Mailing Address 128 W MICHIGAN AVENUE PO BOX 347 DELAND FL 32720 DELAND FL 32721-0347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Courtney, Nan Street Address (P.O. Box Number is Not Acceptable) HAYES, BETTY ver <u>Hammock</u> 916 E. GEORGIA AVE **DELAND FL 32724** DeLand 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Channe ☐ Addition NAME BARLOW, LEE Courtney, Nan 1518 E. Bilver Hammock NAME STREET ADDRESS 939 LARKFIELD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 Deland, FL 32720 TITLE Delete Change ☐ Addition NAME HURRELBRINK, DONA L Ruth Blue NAME STREET ADDRESS 447 N. Oak Avenue 1119 OLD MILL RUN STREET ADDRESS CITY-ST-ZIP Orange City, FL 32763 DELAND FL 32720 5ec. Delete _ TITLE Change ☐ Addition NAME BURNS, ALBERTA Fitts, Janet NAME 30 Park Avenue STREET ADDRESS 1533 CHAUCER ST STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-7IP DeLeon Springs, FL 32130 ☐ Delete TITLE Change ☐ Addition MEDLIN, GERRY NAME STREET ADDRESS 600 N MCDONALD AVE STREET ADDRESS CITY-ST-ZIF City-St-7/P DELAND FL 32720 TITLE Delete TITLE Change ☐ Addition ROTH, DORIS NAME Edwards. Betty NAME STREET ADDRESS 956 LARKFIELD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : DELAND FL 32724 TITLE □ Delete ☐ Change Addition Gindl Janice 2370 Saratoga Road NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DeLand FL 32720

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date