

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90312 017 \*\*\*\*61.25

**DOCUMENT # N92000000739**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, NAN  
1518 E SIVER HAMMOCK  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name Basile, Jeanette

Street Address (P.O. Box Number is Not Acceptable)  
804 Lake Drive

City DeLand

FL

Zip Code  
32724

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

*Jeanette V Basile*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COURTNEY, NAN ☒ Delete  
STREET ADDRESS 1518 E SILVER HAMMOCK  
CITY-ST-ZIP DELAND FL 32720

TITLE VP  
NAME BLUE, RUTH ☐ Delete  
STREET ADDRESS 447 N OAK AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE S  
NAME FITTS, JANET ☐ Delete  
STREET ADDRESS 30 PARK AVE  
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE T  
NAME MEDLIN, GERRY ☐ Delete  
STREET ADDRESS 600 N McDONALD AVE  
CITY-ST-ZIP DELAND FL 32720

TITLE D  
NAME EDWARDS, BETTY ☐ Delete  
STREET ADDRESS 956 LARKFIELD DRIVE  
CITY-ST-ZIP DELAND FL 32724

TITLE D  
NAME GINDL, JANICE ☒ Delete  
STREET ADDRESS 2370 SARATOGA RD  
CITY-ST-ZIP DELAND FL 32720

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Basile, Jeanette Pres ☒ Change ☐ Addition  
NAME 804 Lake Drive  
STREET ADDRESS Deland, Fl. 32724  
CITY-ST-ZIP

TITLE VP Pres ☒ Change ☐ Addition  
NAME Dolores Peterson  
STREET ADDRESS 5672 Winona Trail  
CITY-ST-ZIP DeLeon Spgs., FL 32130

TITLE Recording Secretary ☒ Change ☐ Addition  
NAME Yvonne Coolbaugh  
STREET ADDRESS 205 N. Sheridan Ave.  
CITY-ST-ZIP Deland, FL 32720

TITLE Asst. Treasurer D ☒ Change ☐ Addition  
NAME Medlin of position

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition  
NAME Ruth Niederstrasser  
STREET ADDRESS #19, 450 N. McDonald Ave.  
CITY-ST-ZIP Deland, FL 32724

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:

*Jeanette V Basile*

Jeanette Basile

4-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #