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

SIGNATURE:

Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # 707310** 1. Entity Name 01-29-2004 90029 035 ****61.25 FORT LAUDERDALE BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC. Principal Place of Business Mailing Address C/O APHRODITE P. SKIFF C/O ANTONIA HYLAND 427 DEER CREEK RUN DEERFIELD BEACH FL 33442 FT LAUDERDALE FL 33306-1623 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E037 (11/03) nuderdale Applied For 4. FEI Number City & State City & State 59-1965647 Not Applicable ^{Zip} 33308 Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name --- - <u>-</u> - . HYLAND, ANTONIA 427 DEER CREEK RUN Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33442** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE HERSHMAN, ELAINE NAME **UPMINSTER K #4019** STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE HYLAND, ANTONIA NAME NAME 427 DEER CREEK RUN STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE SHYRET."LESKU"-NAME NAME 11780 NW 14TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-7IE CITY-ST-ZIP Delete Change Addition TITLE TITLE ATHANASAKOS, ELIZABETH NAME NAME 2200 NE 36TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SKIFF, APHRODITE P NAME NAME CAMBRIDGE "D" #1063 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442-3251 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE SHEPHERD, JUDY NAME NAME 2550 NE 51 STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP Crty-ST-ZiP 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

FILED