# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:43

DOCUMENT # N16809 (8)

1. Corporation Name
EXECUTIVE WOMEN OUTREACH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ADRIENNE CHISMARK<br>8295 N. MILITARY TRL. SUITE F<br>PALM BEACH GARDENS FL 33410 | PO BOX 15917<br>W PALM BCH FL 33416-5917<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2703382 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26: 8295 N. MILITARY TRAIL | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27: SUITE F | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |
| City & State 23 | City & State 28: PALM Beach Gardens, FL | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29: 33410 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No |

**9. Name and Address of Current Registered Agent**

HAIRSTON, ABBEY G
SCHOOL BOARD OF PLAM BCH COUNTY
3318 FOREST HILL BLVD STE C302
W PALM BCH FL 33406

**10. Name and Address of New Registered Agent**

81 Name: MERRILEE ZIELINSKI
82 Street Address (P.O. Box Number is Not Acceptable): 2 HARVARD CIRCLE, #400
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Merrilee Zielinski 1/30/95
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 | PD | 1.1 TITLE | VP DIRECTOR | ☒ Change ☐ Addition |
| NAME | BRADSHAW, DOROTHY A. | 1.2 NAME | TOBY CHARROW | |
| STREET ADDRESS | PO BOX 15917 NA | 1.3 STREET ADDRESS | 8295 N. MILITARY TRAIL, #F | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | PALM Beach Gardens, FL 33410 | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PHELPS, DEE | 2.2 NAME | | |
| STREET ADDRESS | 1116 MARINE WAY WC-2L | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH FL | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | 3.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | SLOAN-KENDALL, DANISE | 3.2 NAME | MERRILEE ZIELINSKI | |
| STREET ADDRESS | 8895 N. MILITARY TRAIL, STE. 104-D | 3.3 STREET ADDRESS | 8295 N. MILITARY TRAIL, #F | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 3.4 CITY-ST-ZIP | PALM Beach Gardens, FL 33410 | |
| TITLE | SD | 4.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | BORNE, BARBARA A | 4.2 NAME | NANCY GOLDMAN | |
| STREET ADDRESS | 1355 FAIRGREEN RD. | 4.3 STREET ADDRESS | 8295 N. MILITARY TR. #F | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 4.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Merrilee Zielinski, Treasurer 1/30/95 407-478-5204
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0048874