## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N16809

(8)

EXECUTIVE WOMEN OUTREACH, INC.

FILED										
Apr 23	1998	8:00am								
Secre	tary o	f State								

EH ED

		,							
Principal Place	e of Business	Mailing Address							B1817 W1811 1891
P.O. BOX 7476 P.O. BOX 7476						3. Date Incorporated or Qualified			
WEST PALM BE	ACH FL 33405	WEST PALM BEACH FL	33405				09/16/1986		
							4. FEI Number	/	Applied For
							59-2703382		Not Applicable
	lace of Business	2a. Mailing Address					5. Certificate of Status Desired		Additional
Suite, Apt.	# etc	Suite, Apt. #, etc.					6. Election Campaign Financing		Required May Be
22		27					, , , , , , , , , , , , , , , , , , , ,		to Fees
City & State	9	City & State					7. Is this nonprofit corporation a hom-	eowners associati	ion?
23		28						Yes 🔀 No	
Zip	Country	Zip		ıntry			8. This corporation owes or has paid		
24	9. Name and Address of Curre	29}	30	r			Personal Property Tax due June 30  10. Name and Address of New Regis	<del>*:</del>	∐ No
-	5. Name and Address of Corre	HI HARISTON WASHI		81	Name	.1	10. Harris and reaction of their riogic	Didital Pigalit	
VAL. MIC	MEI E C				Name	<u>veii</u>	L, MÍCHELE G		
,	LAGLER DR			82	Street	Addres	ss (P.O. Box Number is Not Acceptable	,	
<b>#500E</b>	BIOLEN DI			83					
	ALM BEACH FL 33401			84	City			85 Zir	p Code
					,			FL	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	atutes, the a	bove	-named	Corpo	ration submits this statement for the pur n's board of directors. I hereby accept	pose of changing	its registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503,	, Florida Sta	tutes	š.	poratio	are board of biroctors. Thereby dosept.	по арропилоне	to logicities
SIGNATURE .								DATE	
12.	Signature, typed or printed name of regretered at OFFICERS At	peni and trie if applicable (1 ND DIRECTORS	NOTE Registere	a Age	nt signature	s required	when reinstating)  ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D	DELETE	1.1 TI	ITLE		2	current in the control of the contro	Change	
NAME	LANDEN, GAYLE	·	1.2 N	AME		NA	NCY LEWIS HEINS		
STREET ADDRESS	3902 BURNS RD		1.3 S	TREET	ADDRESS	111	STILL LAKE DR.		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 0	ITY-S	T-ZIP	JU	CPITER FL. 3345		
TITLE	D	☐ DELETE	2.1 TI					L Change	Addition
NAME	GOLDMAN, NANCY		2.2 N						
STREET ADORESS	410 4TH TERR Palm Beach Gardens Fl	22410			ADDRESS				
CITY-ST-ZIP TITLE	D DEACH GARDENS FL	DELETE	3.1 7		ST-ZIP	+		Change	e Addition
NAME	HOWARD, MIMI		3.2 N						_
STREET ADDRESS	3932 RCA BLVD., STE 3204		3.3 S	TREET	ADDRESS				:
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	3.4. (	CITY-S	ST- ZIP				
TITLE		DELETE	4.1 T	ITLE				Change	e 🔲 Addition
NAME			4.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		11Y-S	T-ZIP	<b></b>		☐ Change	e Addition
TITLE		☐ DELETE	5.1 Ti 5.2 N					Unange	) Addition
NAME STREET ADDRESS					ADDRESS				
1				ATY-S					
CITY-ST-ZIP TITLE		DELETE	6.1 T		, <u>L</u> II	1		Change	e Addition
NAME		•	6.2 N						
STREET ADDRESS			6.3 5	TREET	ADDRESS	1			
City-St-7IP			6.4 0	iTY-S	ST - ZIP				

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.

SIGNATURE: Michel Guil

4/14/98

561-650-0589