

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 037 ****70.00

DOCUMENT # nonprofit ~~N9400000456~~ **N9400000456**

1. Entity Name
 Women's Healthcare Executive Network
 of South Florida, Inc.

Principal Place of Business Mailing Address
 W.H.E.N.
 7154 North University Drive Suite # 299
 Tamarac, Fl 33321

80101714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7154 N. University Dr
 Suite, Apt. #, etc.
 Suite 299

3. Mailing Address T. Breitbord
 100 W. Cypress Creek
 Suite, Apt. #, etc.
 5th Floor

City & State
 Tamarac, Florida
 Zip Country
 33321 USA

City & State
 Ft Lauderdale, Fl
 Zip Country
 33309 USA

4. FEI Number 65-0518841
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Breitbord, Terry
 100 W. Cypress Creek Rd 5th Fl
 Ft Lauderdale, Fl 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE Terry Breitbord **DATE** 5/9/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joe Ann Fletcher Women in Distress PO Box 676 Ft Lauderdale, Fl 33302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathy Brooks 10285 NW 31st Ct Sunrise, Fl 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Patrice Woepfel 2568 NW 94th Ave Coral Springs, Fl 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy, Recording Shari Augustaver 12645 Torbay Drive Boca Raton, Fl 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terry Breitbord 5th Fl 100 W. Cypress Creek Rd Ft Lauderdale, Fl 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Terry Breitbord **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 5/9/2000 **Daytime Phone #** (954) 958-4267

CR2E037 (9/99)