

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000002666**

1. Entity Name

GIRLS II WOMEN, WOMEN'S FORUM, INC.

Principal Place of Business

900 LARRIMORE RD.

PAHOKEE  
33476

FL

Mailing Address

1700 PALM BEACH LAKES BLVD  
STE 1000  
WEST PALM BEACH  
33401

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0921919**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS MICHELLE  
1700 PALM BEACH LAKES BLVD  
STE 1000  
WEST PALM BEACH  
33401

FL

Name

DIFFENDERFER MICHELLE

Street Address (P.O. Box Number is Not Acceptable)  
1700 PALM BEACH LAKES BLVD

STE 1000

City

WEST PALM BEACH

FL

Zip Code  
33401

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 **MICHELLE DIFFENDERFER****05/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE          | SD                             | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|----------------|--------------------------------|---------------------------------|----------------|--------------------------------------------|-----------------------------------|
| NAME           | PRESSEY TARRA                  |                                 | NAME           |                                            |                                   |
| STREET ADDRESS | 3028 CASA RIO COURT            |                                 | STREET ADDRESS |                                            |                                   |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418    |                                 | CITY-ST-ZIP    |                                            |                                   |
| TITLE          | TD                             | <input type="checkbox"/> Delete | TITLE          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | CHIDO JACQUELINE               |                                 | NAME           | MESSER ANNE                                |                                   |
| STREET ADDRESS | 4158 OAK STREET                |                                 | STREET ADDRESS | 138 SOUTH ANCHORAGE DRIVE                  |                                   |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418    |                                 | CITY-ST-ZIP    | NORTH PALM BEACH FL 33408                  |                                   |
| TITLE          | VPD                            | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           | GRELLER PAULA                  |                                 | NAME           |                                            |                                   |
| STREET ADDRESS | 333 NO. OCEAN BLVD., APT. 1718 |                                 | STREET ADDRESS |                                            |                                   |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33441       |                                 | CITY-ST-ZIP    |                                            |                                   |
| TITLE          | P                              | <input type="checkbox"/> Delete | TITLE          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | WILLIAMS MICHELLE              |                                 | NAME           | DIFFENDERFER MICHELLE                      |                                   |
| STREET ADDRESS | 506 27TH ST                    |                                 | STREET ADDRESS | 506 27TH ST                                |                                   |
| CITY-ST-ZIP    | WESTPALM BEACH FL 33407        |                                 | CITY-ST-ZIP    | WESTPALM BEACH FL 33407                    |                                   |
| TITLE          |                                | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |                                |                                 | NAME           |                                            |                                   |
| STREET ADDRESS |                                |                                 | STREET ADDRESS |                                            |                                   |
| CITY-ST-ZIP    |                                |                                 | CITY-ST-ZIP    |                                            |                                   |
| TITLE          |                                | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |                                |                                 | NAME           |                                            |                                   |
| STREET ADDRESS |                                |                                 | STREET ADDRESS |                                            |                                   |
| CITY-ST-ZIP    |                                |                                 | CITY-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)(f), 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: MICHELLE DIFFENDERFER**

P

**05/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)