

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002666 1. Entity Name GIRLS II WOMEN, WOMEN'S FORUM, INC.	
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Principal Place of Business 1700 PALM BEACH LAKES BLVD STE 1000 WEST PALM BEACH, FL 33401	Mailing Address 1700 PALM BEACH LAKES BLVD STE 1000 WEST PALM BEACH, FL 33401
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01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0921919	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIFFENDERFER, MICHELLE
1700 PALM BEACH LAKES BLVD
STE 1000
WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000048496 02/12/04-80083-002 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESSEY, TARRA L 3028 CASA RIO COURT PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUERRIER, PAMELA 215 N. OLIVE AVENUE, STE 130 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MESSER, ANNE 138 SOUTH ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORRELL, ANN MARIE 1531 N. DREXEL ROAD, LOT 237 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Anne Messer 2-4-04 (561)630-2109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #