



# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N02000006603</b> 1. Entity Name <b>WOMEN'S CHAMBER FOUNDATION, INC.</b>				<b>FILED</b>  04 OCT -7 PM 3:53  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>158 LOST BRIDGE DRIVE PALM BEACH GARDENS, FL 33410</b>		Mailing Address <b>158 LOST BRIDGE DRIVE PALM BEACH GARDENS, FL 33410</b>			
2. Principal Place of Business <b>8983 Okachobee Blvd.</b>		3. Mailing Address <b>8983 Okachobee Blvd.</b>		08172004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. <b>#202 Pmb 202</b>		Suite, Apt. #, etc. <b>#202 Pmb 202</b>		4. FEI Number <b>06-1644156</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		Applied For Not Applicable	
Zip <b>33463</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURNER, KAREN 16845 MELLEEN LANE JUPITER, FL 33478</b>		7. Name and Address of New Registered Agent Name <b>Pamela Paulin</b> Street Address (P.O. Box Number is Not Acceptable) <b>7862 Sienna Springs Dr</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33463</b>			
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 <u><i>Pamela R. Paulin</i></u> <u>Director</u> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDEN, GAYLE 158 LOST BRIDGE DRIVE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Karen Meyer 3932 RCA Blvd., Ste. 3804 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRELLER, PAULA 333 N. OCEAN BLVD. #1718 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Suzanne Norman 249 Royal Palm Way Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, KAREN 3932 RCA BLVD. #3402 PALM BEACH GARDENS, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jeanne Matullo 777 S. Flagler Dr., 7th Flr. East West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pamela Paulin 7862 Sienna Springs Dr. Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>Karen M Meyer</i></u> <b>KAREN M MEYER</b> <u>9/21/04</u> <u>5616271810</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					