

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90563 012 \*\*\*\*61.25

**DOCUMENT # N02000006603**

1. Entity Name  
**WOMEN'S CHAMBER FOUNDATION, INC.**



Principal Place of Business  
**8983 OKEECHOBEE BLVD., PMB #202  
WEST PALM BEACH, FL 33463**

Mailing Address  
**8983 OKEECHOBEE BLVD., PMB #202  
WEST PALM BEACH, FL 33463**

BY: **40075539**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**06-1644156**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POULIN, PAMELA  
7862 SIENNA SPRINGS DR.  
LAKE WORTH, FL 33463**

Name **Pamela Poulin**  
Street Address (P.O. Box Number is Not Acceptable)  
**7118 Lake Island Dr.**  
City **Lake Worth** **FL** Zip Code **33467**

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

*Pamela B. Poulin*

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/05**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VC** ☐ Delete  
NAME **NORMAN, SUZANNE**  
STREET ADDRESS **249 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **T** ☐ Delete  
NAME **MATULLO, JEANNE**  
STREET ADDRESS **777 S. FLAGLER DR., 7TH FL. EAST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **C** ☐ Delete  
NAME **MEYER, KAREN**  
STREET ADDRESS **3932 RCA BLVD. #3204**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **S** ☒ Delete  
NAME **POULIN, PAMELA**  
STREET ADDRESS **7862 SIENNA SPRINGS DR.**  
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Barbara Fretwell**  
CITY-ST-ZIP **8215 154th Rd. North**  
**Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

*Karen M Meyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karen M Meyer**

Date

**4/25/05**

Daytime Phone #

**561/6271810**