

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006603

Entity Name: WOMEN'S CHAMBER FOUNDATION, INC.**Current Principal Place of Business:**400 HIBISCUS STREET
WEST PALM BEACH, FL 33401**Current Mailing Address:**400 HIBISCUS STREET
WEST PALM BEACH, FL 33401 US**FEI Number:** 06-1644156**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLOOM, JANE C
400 HIBISCUS STREET
WEST PALM BEACH, FL 33401 US*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:** JANE C. BLOOM

02/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ALBRITTON, DENISE
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title VC
Name SHEPPARD, CINDY
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY
Name LEPORE, THERESA
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER
Name BLOOM, JANE
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name ASHE, MAUREEN
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name BARRY, TIFFANY
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name LOU LANG, TINA
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name MOFFETT, MARY
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE C. BLOOM**TREASURER**

02/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHAFFER, LARRISA
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name BENSON WYMER, BARBARA
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name SIEGFRIED, BONNIE
Address 400 HIBISCUS STREET
City-State-Zip: WEST PALM BEACH FL 33401