

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006603

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC0156290565**

**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**

**02/06/2017**

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 VESTRICH, LESLEY  
Address 400 HIBISCUS STREET  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title DIRECTOR  
Name GILL, SHARON  
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**

**02/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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