

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009620

Entity Name: WOMEN'S FOUNDATION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**6217 NW 21ST COURT
BOCA RATON, FL 33496**Current Mailing Address:**PO BOX 611
WEST PALM BEACH, FL 33402 US**FEI Number:** 61-1508703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SELZER, JUDITH A
6217 NW 21ST COURT
BOCA RATON, FL 33496 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TRES
Name VOLMAN, KATE
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title SEC
Name BOREN, MINX
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title PRES
Name SELZER, JUDITH
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title BOARD MEMBER
Name JACKS, DOROTHY
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title BOARD MEMBER
Name ALBRIGHT, SHELLY
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title BOARD MEMBER
Name DILLARD, KALINTHIA
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

Title BOARD MEMBER
Name ATKINSON, NICOLE
Address PO BOX 611
City-State-Zip: WEST PALM BEACH FL 33402

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: JUDITH SELZER

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date