

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707310 (9)

1. Corporation Name

FORT LAUDERDALE BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.



Principal Place of Business

C/O ELIZABETH ATHANASAKOS  
1800 N.E. 26TH STREET  
FT LAUDERDALE FL 33305

Mailing Address

C/O ELIZABETH ATHANASAKOS  
1800 N.E. 26TH STREET  
FT LAUDERDALE FL 33305

3. Date Incorporated or Qualified  
05/18/1964

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1965647

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATHANASAKOS, ELIZABETH  
1800 N.E. 26TH STREET  
FORT LAUDERDALE FL 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME BUSONE, BARBARA  
STREET ADDRESS 2113 NE 16TH AVENUE  
CITY-ST-ZIP WILTON MANORS FL 33305 ☒ DELETE

11 TITLE S.D.  
12 NAME JOANNE G. Richter ☐ Change ☐ Addition  
13 STREET ADDRESS 1177 N.E. 15 AVENUE  
14 CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE PD  
NAME ROUSER, ANITA  
STREET ADDRESS 217 NE 22 STREET  
CITY-ST-ZIP WILTON MANORS FL 33305 ☐ DELETE

21 TITLE P.D.  
22 NAME Ana Wood ☐ Change ☐ Addition  
23 STREET ADDRESS 6211 S.W. 4th Place  
24 CITY-ST-ZIP Margate, FL 33068

TITLE TD  
NAME HYLAND, ANTONIA  
STREET ADDRESS 2113 NE 16TH AVENUE  
CITY-ST-ZIP WILTON MANORS FL 33305 ☐ DELETE

31 TITLE T.D.  
32 NAME ANTONIA HYLAND ☐ Change ☐ Addition  
33 STREET ADDRESS 427 DEER CREEK RUN  
34 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VPD  
NAME RAPPAPORT, LINDA  
STREET ADDRESS 9440 LIVE OAK PLACE, APT. 404  
CITY-ST-ZIP FT LAUDERDALE FL 33324 ☐ DELETE

41 TITLE VPD  
42 NAME PATRICE BREVERMAN ☐ Change ☐ Addition  
43 STREET ADDRESS 823 N.W. 89th Avenue  
44 CITY-ST-ZIP Plantation, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

51 TITLE 2nd V.P.D.  
52 NAME Brita SKARBREVIK ☐ Change ☒ Addition  
53 STREET ADDRESS 1805 S. OCEAN BLVD. Apt. A14  
54 CITY-ST-ZIP Pompano Beach, FL 33062-6643

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: ANTONIA HYLAND, Antonia Hyland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (957) 427-3453  
Date Daytime Phone

CR2E037 (12/95)