

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90027 008 ****61.25

DOCUMENT # 707310

1. Corporation Name

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

Principal Place of Business

C/O ELIZABETH ATHANASAKOS
2700 E OAKLAND PARK BLVD. STE D
FT LAUDERDALE FL 33306-1623
US

Mailing Address

C/O ELIZABETH ATHANASAKOS
2700 E OAKLAND PARK BLVD. STE D
FT LAUDERDALE FL 33306-1623
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/18/1964

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

9. Name and Address of Current Registered Agent

ATHANASAKOS, ELIZABETH
2700 E OAKLAND PARK BLVD
STE D
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 reinstating)

DATE

1/19/99

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME HERSHMAN, ELAINE
STREET ADDRESS 4019 UPMINSTERK
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VP ☐ DELETE

NAME HOSTO, KAREN
STREET ADDRESS 161 SOUTHEAST 13TH CT.
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD ☐ DELETE

NAME HYLAND, ANTONYA
STREET ADDRESS 427 DEER CREEK RUN
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VPD ☒ DELETE

NAME ROUSER, ANITA
STREET ADDRESS 217 N.E. 22 STREET
CITY-ST-ZIP WILTON MANORS FL

TITLE VPD ☒ DELETE

NAME SKARBREVIK, BRITA
STREET ADDRESS 1100 SOUTH OCEAN BLVD, APT A14
CITY-ST-ZIP POMPANO BEACH FL

TITLE PD ☐ DELETE

NAME ELIZABETH ATHANASAKOS
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, "D"
CITY-ST-ZIP FT. LAUDERDALE FL 33306

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VFP
JOANNE ZUFFELOTO
3 NE 26 ST.
FT. LAUDERDALE, FL. 33305

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED D

1/19/99 (954) 564-7545

CR2E037 (11/98)