

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 032 ****61.25

DOCUMENT # 707310

1. Entity Name

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



Principal Place of Business

C/O ELIZABETH ATHANOSOKES
3608 NE 23RD AVE
FORT LAUDERDALE FL 33308
US

Mailing Address

C/O ANTONIA HYLAND
427 DEER CREEK RUN
DEERFIELD BEACH FL 33442
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1965647

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYLAND, ANTONIA
427 DEER CREEK RUN
DEERFIELD BEACH FL 33442**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HERSHMAN, ELAINE	
STREET ADDRESS	UPMINSTER K #4019	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HYLAND, ANTONIA	
STREET ADDRESS	427 DEER CREEK RUN	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLOMEE, CAROLE	
STREET ADDRESS	3150 HOLIDAY SPGS. BLVD SUITE B8-11	
CITY-STATE-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATHANASAKOS, ELIZABETH	
STREET ADDRESS	3603 NE 23RD AVE	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARDESTY, KATHLEEN	
STREET ADDRESS	811 SE 22ND AVE SUITE 11	
CITY-STATE-ZIP	POMPANO BEACH FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRK, ANGELA	
STREET ADDRESS	1015 E. OAKWOOD STREET	
CITY-STATE-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koutsodontis, Sylvia	
STREET ADDRESS	1821 Lee Street	
CITY-STATE-ZIP	4014 Wood, FL 33020	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warrick, Leslie	
STREET ADDRESS	8204 N.W. 42nd Street	
CITY-STATE-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milman, Helene L.	
STREET ADDRESS	10061 Winding Lake Rd #104	
CITY-STATE-ZIP	Sunrise, FL 33351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonia Hyland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 0571427-5753
Date Fee