

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712366 (4)**

1. Corporation Name

**WESTBORO BUSINESS AND PROFESSIONAL WOMEN'S CLUB  
OF THE PALM BEACHES, INC.**

Principal Place of Business <b>809 PALM BEACH LAKES BLVD. (33401) POST OFFICE BOX 1084 WEST PALM BEACH FL 33402</b>	Mailing Address <b>809 PALM BEACH LAKES BLVD. (33401) POST OFFICE BOX 1084 WEST PALM BEACH FL 33402-1084</b>
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3. Date Incorporated or Qualified <b>03/07/1967</b>	3a. Date of Last Report <b>07/31/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2070998</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIER, MILNE  
2441 SUNRISE DRIVE  
WEST PALM BEACH FL 33415**

81 Name <b>Laura Simmons</b>	85 Zip Code <b>33404</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>381 33rd St.</b>	
83 City <b>Riviera Beach, FL</b>	

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 *Laura Simmons* DATE **4/19/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAWSON, BETTYE</b>		1.2 NAME <b>Annie R. Harrison</b>	
STREET ADDRESS <b>4128 WAVERLY DRIVE</b>		1.3 STREET ADDRESS <b>1400 6th St.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>West Palm Beach, Fl. 33401</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GORDON, DOLORITA</b>		2.2 NAME	
STREET ADDRESS <b>306 S. CHILLINGWORTH DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHUFORD, MARIETTA</b>		3.2 NAME <b>Rosiland R. Riley</b>	
STREET ADDRESS <b>611 SIXTH STREET</b>		3.3 STREET ADDRESS <b>1700 Embassy Dr. Unit # 601</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		3.4 CITY-ST-ZIP <b>West Palm Beach, Fl. 33401</b>	
TITLE <b>FSD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STARKS, THELMA</b>		4.2 NAME	
STREET ADDRESS <b>809 PALM BEACH LAKES BLVD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIER, MILNE M</b>		5.2 NAME	
STREET ADDRESS <b>2441 SUNRISE DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Milne M. Grier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039829

CR2E037 (9/96)