


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90043 041 ****61.25

DOCUMENT # 723208 1. Entity Name JUNIOR WOMAN'S CLUB OF BOCA RATON, INC					
Principal Place of Business 1661 S.W. 7TH AVE. BOCA RATON, FL 33486 US			Mailing Address P.O. BOX 1005 BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box # 1323 SW 3RD ST Suite, Apt. #, etc. BOCA RATON, FL			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33486 Country USA		
4. FEI Number 59-1828126			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEWIS, CHARLOTTE R 6512 CALLE DEL PAX N BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Margie M Zeidler Street Address (P.O. Box Number is Not Acceptable) 1323 SW 3rd St Boca Raton, FL City FL Zip Code 33486		
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 <u>Margie M Zeidler</u> <u>MARGIE M ZEIDLER</u> <u>2/6/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MORESHI, MARIA C STREET ADDRESS 1398 SW 1 ST CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete		TITLE President NAME Charlotte Lewis STREET ADDRESS 6812 Calle del Paz North CITY-ST-ZIP Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MOABERY, CATHY STREET ADDRESS 10058 E1 CABALLO CT CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE 1st VP NAME Margie M. Zeidler STREET ADDRESS 1323 SW 3rd St CITY-ST-ZIP Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MORESCHI, MARIA C STREET ADDRESS 1398 SW 1 STREET CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete		TITLE RS NAME Deborah Aivo STREET ADDRESS 16500 Via Ventia East CITY-ST-ZIP Boca Raton, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RS NAME BAGDASARIAN, PAM STREET ADDRESS 1561 SW 21 LANE CITY-ST-ZIP BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		TITLE CS NAME Joyce SLIVKA STREET ADDRESS 4801 NW 25th Way CITY-ST-ZIP Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T3 NAME LEWIS, CHARLOTTE STREET ADDRESS 6812 CALLE DEL PAS N CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE 2nd VP NAME Kris Hennessy STREET ADDRESS 810 NE 77th St CITY-ST-ZIP Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RS NAME WANGNER, BONNIE STREET ADDRESS 21588 SAN GERMAINE LN CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Charlotte R. Lewis</u> <u>Charlotte R. Lewis</u> <u>2/6/07</u> <u>391-154</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					