FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744140** (5)

1. Corporation Name

WOMEN'S EXECUTIVE CLUB, INC.

Principal Place of Business	Mailing Address
7320 GRIFFEN RD. SUITE 200 FT. LAUDERDALE FL 33314	7320 GRIFFEN RD. SUITE 200 FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1978
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1980608 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KURTZ, PAMELLA
~~500 NE 4ST. #200~~ 441 NE 4 Ave #100
FT. LAUDERDALE FL 33301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Pres	☒ Change ☐ Addition
NAME	CAMP, PATTY	1.2 NAME	Ryan, Barbara	
STREET ADDRESS	1409 NE. 62 STREET	1.3 STREET ADDRESS	1726 NE 7Street	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	RYAN, BARBARA	2.2 NAME	Koch, Kathy	
STREET ADDRESS	1726 N.E. 7 STREET	2.3 STREET ADDRESS	1620 SW 4th Court	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	S	3.1 TITLE	Sec	☒ Change ☐ Addition
NAME	MAURER, SUSAN	3.2 NAME	Mc Carthy, Patricia	
STREET ADDRESS	1765 SE 7TH ST	3.3 STREET ADDRESS	1825 GRIFFIN RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	DANIA FL 33004	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	KURTZ, PAMELLA	4.2 NAME		
STREET ADDRESS	824 SE 6TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MORAITIS, DEBORAH	5.2 NAME		
STREET ADDRESS	612 FLAMINGO DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	BRACCIALARGHE, THEORA	6.2 NAME	Nickel, Leigh	
STREET ADDRESS	301 E. TROPICAL WAY	6.3 STREET ADDRESS	8001 S.W. 36 st. Suite 10	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	Davie, FL 33328	

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)(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: Pamella Kurtz 3/9/95 305-523-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010113