## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #744140** 

SIGNATURE: Llow thy

1. Entity Name

## **FILED** Jul 02, 2007 8:00 am Secretary of State 07-02-2007 90035 017 \*\*\*\*61.25

| WOMEN'S EXECUTIVE CLUB, INC.  |   |                                |   |  |                             |                               |               |
|---|---|--------------------------------|---|--|-----------------------------|-------------------------------|---------------|
| Principal Place of Business 1670 NW 101 WAY FORT LAUDERDALE, FL 33388 US Address 1670 NW 101 WAY FORT LAUDERDALE, FL 33388  |   |                                | 33388 US                                  | 40:  | 722334                      |                               |               |
| 2. Principal Place of Business - No P.O. Box #  1620 NW 101 WAY  Suite, Apt. #, etc.  3. Mailing Address 1620 NW 101  Suite, Apt. #, etc.   |   |                                |   | 06232007   | Chg-NP CI                   | R2E037 (12/06)                |               |
| City & Stat   | ETATION FL  | City & State                   |   | 4. FEI Numb  |                             |                               | pplied For    |
| Zip   | Country   | PLANTATION<br>Zip              | Country                                   |  | e of Status Desired         | \$8.75 ^-                     | ot Applicable |
| 333,  | 6. Name and Address of Current R  | 333× Pagistarad Assant         | ·   |  |                             | Fee Requir                    | ed            |
|   | - ·   | egistered Agent                | Name                                      | /. Name an   | d Address of New Regis      | tered Agent                   |               |
| EISENBERG, DOROTHY S<br>16ST NW 101 WAY<br>FORT LAUDERDALE, FL 33388  |   |                                |   | Street Address (P.O. Box Number is Not Acceptable) |                             |                               |               |
|   |   |                                | City 0                                    | · a- (-a   | · /                         | Zip Coo                       | de            |
| 8 The above   | named entity submits this statement for                                     | the purpose of changing its ro | vaintaged office or                       | ANTATIO  | oth in the State of Florida | <b>「</b> 」                    | 13)-)         |
| 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 reinstating)   |   |                                |   |  |                             |                               |               |
| Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaign Fin Trust Fund Contribution  |   |                                |   | \$5.00 May Added to Fees                           |                             | check payable Department of S |               |
| 10.   | OFFICERS AND DIRE   | CTORS                          | 11.                                       | ADDITIONS/CH                                       | HANGES TO OFFICERS A        | ND DIRECTORS II               | N 10          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVP RAPKIN, MELISSA 1000 W MCNAB RD STE 706 POMPANO BEACH, FL 33069         | ☐ Delete                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |                             | ☐ Change                      | Addition      |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   | DVP HARDY, CYNTHIA 2161 E. COMMERCIAL BLVD FORT LAUDERDALE, FL 33308        | ☐ Delete                       | TITLE NAME STREET ADDRESS CHY-SI-ZIP      |  |                             | ☐ Change                      | Addition      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVP<br>EISENBERG, DOROTHY S<br>1680 NW 101 WAY<br>FORT LAUDERDALE, FL 33388 | □ Defete                       | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1620 NW,   | 101 WAY                     | <b>⊠</b> Change               | ☐ Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVP<br>OBRIG, MARILYNN<br>1500 E LAS OLAS BLVD<br>FORT LAUDERDALE, FL 33301 | ☐ Delete                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |                             | ☐ Change                      | ☐ Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>KARLIN, RONNIE<br>6135 NW 167 ST., STE E-15<br>MIAMI, FL 33015         | ☐ Delete                       | TITLE NAME STREET ADDRESS CITY - SI - ZIP |  |                             | Change                        | Addition      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVP<br>GODFREY, VIVIAN<br>1481 SE 17 ST.<br>FORT LAUDERDALE, FL 33316       | ☐ Delete                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP     | Jup<br>Godfrey<br>1811 Cov                         | Vivien<br>dova Rd           | A Change                      | Addition      |
| 12. I hereby certify that the information supplied with this filling 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. |   |                                |   |  |                             |                               |               |