2005 NOT-FOR-PROFIT CORPORATION

Jan 18, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #770259** 01-18-2005 90042 028 ****61.25 THE EXECUTIVE WOMEN OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 40004073 P.O. BOX 7476 P.O. BOX 7476 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2382645 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Namo PIKE, JANE C 18838 N OSPREY WAY Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 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 reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PED TITLE ☐ Delete TITLE ☐ Addition GOARING, TERRY Goaring, Terry 11690 Ficus St NAME NAME 11690 FLEUS ST STREET ADDRESS STREET ADDRESS Raim Beach Gardens COY-ST-7IP PALM BEACH GARDENS, FL 33418 CATY-ST-ZIP TITLE ☐ Delete TITLE Change NAME FITZGERALD, PAT MAME 901 W. Indiantown Rd #15 301 N. OLIVE AVE #5TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Jupiter R 33458 TITLE ☐ Delete TITLE PAYNE, PAMELA NAME NAME STREET ADDRESS 2435 24TH LANE STREET ADDRESS 2300 Centrepark West Dr CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP West Palm Beach, FC 33409 TITLE ☐ Delete TELL Addition NAME ADAMS, LESLIE A NAME 529 S FLAGLER DR # 146 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TED TITLE Addition Marilyn A. Moore 1717 S. Flagler Dr., 901 W NAME **ELDEN, JOYCE** NAME STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 500 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I 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 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.

TILE

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

West Palm Beach FL

33401

☐ Change

☐ Addition

SIGNATURE: