


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90049 021 \*\*\*\*61.25

**DOCUMENT # 770259**  
 1. Entity Name  
**THE EXECUTIVE WOMEN OF THE PALM BEACHES, INC.**



Principal Place of Business  
**P.O. BOX 7476  
 WEST PALM BEACH, FL 33405**

Mailing Address  
**P.O. BOX 7476  
 WEST PALM BEACH, FL 33405**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2382645**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIKE, JANE C  
 18838 N OSPREY WAY  
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **PD**  Delete  
 NAME **GEARING, TERRY**  
 STREET ADDRESS **11690 FICUS ST**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **PPD**  Change  Addition

TITLE **TD**  Delete  
 NAME **FITZGERALD, PAT**  
 STREET ADDRESS **901 W INDIANTOWN RD # 15**  
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **SD**  Change  Addition

TITLE **PED**  Delete  
 NAME **PAYNE, PAMELA**  
 STREET ADDRESS **2300 CENTREPARK WEST DR**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **PD**  Change  Addition

TITLE **SD**  Delete  
 NAME **ADAMS, LESLIE A**  
 STREET ADDRESS **529 S FLAGLER DR # 146**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD**  Change  Addition  
 NAME **Mary Hammond**  
 STREET ADDRESS **2062 Reston Circle**  
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **PD**  Delete  
 NAME **ELDEN, JOYCE**  
 STREET ADDRESS **ONE NORTH CLEMATIS STREET, SUITE 500**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD**  Change  Addition  
 NAME **Joann Wagner, CPA**

TITLE **TED**  Delete  
 NAME **MOORE, MARILYN A**  
 STREET ADDRESS **777 S FLAGLER DR 901 W**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **PED**  Change  Addition

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: Patricia Fitzgerald, Secretary 1/17/06 561 746 9775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*PATRICIA FITZGERALD, secretary*