


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
**1281 N OCEAN DRIVE
#178
RIVIERA BEACH, FL 33404**

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

DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

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
**SPENCER, VIRGINIA
2725 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FITZGERALD, PATRICIA S 901 WEST INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED JAFFE, DEBORAH J 901 WEST INDIANTOWN ROAD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, VIRGINIA 2725 PGA BOULEVARD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRY, WENDY Y CPA 1555 PALM BEACH LAKES BOULEVARD, STE. 1400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED HALDERMAN, JACQUELYN G 11819 HEMLOCK STREET PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MOORE, MARILYN A COUNCIL ONE NORTH CLEMATIS, STE 400 WEST PALM BEACH, FL 33401

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05/27/08-80071-013 61.25

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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 S. Fitzgerald President 4/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #