


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90158 006 \*\*\*\*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

10010000



CHECK HERE IF MAKING CHANGES

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)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARKE, KAREN</b>	
STREET ADDRESS	<b>139 EGRET DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>PED</b>	<input type="checkbox"/> Delete
NAME	<b>EWING, DOROTHY</b>	
STREET ADDRESS	<b>301 N. OLIVE AVE #5TH FLR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VEIL, MICHELE G</b>	
STREET ADDRESS	<b>700 SOUTH DIXIE HWY, SUITE 200</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMILTON, PATTI</b>	
STREET ADDRESS	<b>4400 PGA BLVD 800</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ELDEN, JOYCE</b>	
STREET ADDRESS	<b>ONE NORTH CLEMATIS STREET, SUITE 500</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Terry Gearing</b>	
STREET ADDRESS	<b>11690 Ficus St.</b>	
CITY-ST-ZIP	<b>PBG, FL 33418</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOIS KWASMAN</b>	
STREET ADDRESS	<b>2435 24TH LANE</b>	
CITY-ST-ZIP	<b>PBG, FL 33418</b>	
TITLE	<b>TED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESLIE A. ADAMS</b>	
STREET ADDRESS	<b>529 S. FLAGLER DR # 14G</b>	
CITY-ST-ZIP	<b>WPB, FL 33401</b>	
TITLE	<b>PED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **1/29/03** **561.833.4241**

CR2E037 (10/02)