2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90011 020 ****61.25

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1. Entity Name
NATIONAL WOMEN BUSINESS OWNERS CORPORATION

Principal Place of Business	Mailing Address
21 DUPONT CIRCLE NW WASHINGTON, DC 20036-1545	16133 VENTURA BLVD STE. 820 ENCINO, CA 91436

03222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3 McPherson Square NW	
Suite, Apt. #, etc. 927 15th St. NW - 12th Fl	Suite, Apt. #, etc.
City & State Washington, DC 20005	City & State
Zip: 20005 Country: USA	Zip Country

4. FEI Number 52-1926398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS-LANGE, JANET 1001 WEST JASMINE DR #G LAKE PARK, FL 33403	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SLATER, PHYLLIS HILL		NAME		
STREET ADDRESS	45 N STATION PLAZA STE. LL-100		STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY 11021		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEVAREZ, FRANCES		NAME		
STREET ADDRESS	39465 PASEO PADRE PKWY #3500		STREET ADDRESS		
CITY-ST-ZIP	FREMONT, CA 94538		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRIS-LANGE, JANET		NAME		
STREET ADDRESS	1001 WEST JASMINE DRIVE #G		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 33403		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KASOFF, BARBARA		NAME		
STREET ADDRESS	~~XXX WEST JEFFERSON~~ 48 San Antonio Pl.		STREET ADDRESS		
CITY-ST-ZIP	~~DETROIT, MI 48209~~ San Francisco, CA		CITY-ST-ZIP	94133	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, TANA		NAME		
STREET ADDRESS	16133 VENTURA BLVD STE 820		STREET ADDRESS		
CITY-ST-ZIP	ENCINO, CA 91436		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRIS, VIVIENNE		NAME		
STREET ADDRESS	5406 BEULAH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHATANOOGA, TN 37409		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: Tana S Davis Tana S. Davis 3/22/04 818-986-8336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #