

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002916

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** NATIONAL WOMEN BUSINESS OWNERS CORPORATION

**Current Principal Place of Business:**

3 MCPHERSON SQUARE NW  
927 15TH ST. NW --12TH FL  
WASHINGTON, DC 20005

**New Principal Place of Business:**

**Current Mailing Address:**

5010 N. PARKWAY CALABASAS  
SUITE 104  
CALABASAS, CA 91302

**New Mailing Address:**

**FEI Number:** 52-1926398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS-LANGE, JANET  
1001 WEST JASMINE DR #G  
LAKE PARK, FL 33403 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: SLATER, PHYLLIS HILL  
Address: 45 N STATION PLAZA STE. LL-100  
City-St-Zip: GREAT NECK, NY 11021

Title: D ( ) Delete  
Name: NEVAREZ, FRANCES  
Address: PO BOX 26370  
City-St-Zip: SAN JOSE, CA 95159

Title: P ( ) Delete  
Name: HARRIS-LANGE, JANET  
Address: 1001 WEST JASMINE DRIVE #G  
City-St-Zip: LAKE PARK, FL 33403

Title: S ( ) Delete  
Name: KASOFF, BARBARA  
Address: 48 SAN ANTONIO PL.  
City-St-Zip: SAN FRANCISCO, CA 94133

Title: T ( ) Delete  
Name: DAVIS, TANA  
Address: 5010 N. PARKWAY CALABASAS  
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete  
Name: HOLLYFIELD, PHYLLIS  
Address: 615 MAIN STREET  
City-St-Zip: N. LITTLE ROCK, AR 72114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HANEBOG, LINDA C  
Address: 8516 NORTHWEST EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOLIFIELD, PHYLLIS  
Address: 615 MAIN STREET  
City-St-Zip: N. LITTLE ROCK, AR 72114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANA DAVIS

T

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date