

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005844

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** NETWORK OF EXECUTIVE WOMEN IN HOSPITALITY, INC.

**Current Principal Place of Business:**

NEWH, INC.  
N5836 FOESCH ROAD  
SHAWANO, WI 54166

**New Principal Place of Business:**

**Current Mailing Address:**

N5836 FOESCH RD.  
SHAWANO, WI 54166

**New Mailing Address:**

**FEI Number:** 95-4030150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: BERMAN, STACEY  
Address: PO BOX 145  
City-St-Zip: JUPITER, FL 33468

Title: P ( ) Delete  
Name: POOLE, TRISHA  
Address: 15 E. MELBOURNE  
City-St-Zip: MELBOURNE, FL 32901

Title: T ( ) Delete  
Name: PRICE, LINDA  
Address: 340 ROYAL POINCIANA WAY SUITE 306  
City-St-Zip: PALM BEACH, FL 33480 US

Title: T ( ) Delete  
Name: SCHALLER, KATHERINE  
Address: 605 E. ROBINSON STREET #410  
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete  
Name: GILBERT, LOIS  
Address: 8273 LISBON COURT  
City-St-Zip: ORLANDO, FL 32836

Title: S ( ) Delete  
Name: GHAI, LISA  
Address: 1050 CARIBBEAN WAY  
City-St-Zip: MIAMI, FL 33132

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

Title: P (X) Change ( ) Addition  
Name: STARLING, DAWN  
Address: 9721 SW 120 STREET  
City-St-Zip: MIAMI, FL 33176

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

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

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: JENA SEIBEL

MS.

02/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date