2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBÁ DOCUMENT # N0100000556

1. Entity Name



**FILED** Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90191 025 \*\*\*\*61 25

| DRESS FOR SUCCESS PALM BEACH COUNTY, INC.  |  |  |  | 05 02 2003 50151  | 023 0.                    | 1.23                     |                |
|--|--|--|--|---|---------------------------|--------------------------|----------------|
| 1435 10TH ST. 1435   | ing Address<br>10TH ST.<br>PARK FL 33403             |  |  |   | *                         |                          |                |
| 1249 10th STREET 12  | 1249 10th STREET 1249 10th St.                       |  |  | CHECK HERE IF MAKING CHANGES  |                           |                          |                |
| City & State   | City & State AKE PARK.                               | FL   |  | OT APPLICABLE   | Ar                        | oplied For ot Applicable |                |
| Zip 33403 RALA BEACH 33  | <sup>2ip</sup> 403                                   | Country USA  | ·  | <u> </u>  | \$8.75 Add<br>Fee Require |                          |                |
| 6. Name and Address of Current Registe   | red Agent  |  |  | ress of New Registered  | Agent                     |                          |                |
| والمطا ومهيوني والمراجي الماري الماري الماري   |  | Name   | r- <del></del> -   |   |                           |                          |                |
| DAVIS, GWENDOLYN 1540 W. 29TH ST.  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |   |                           |                          |                |
| riviera BCH FL 33404   |  |  | •  |   |                           |                          |                |
|  |  | City   |  | FL  | Zip Cod                   |                          |                |
| The above named entity submits this statement for the pur the obligations of egistered agent.  |  | giotoroa amad ar in  | -9.0.0.00 - <u>-</u> 9.0.0, 0  |   | ,,                        |                          |                |
| SIGNATURE Signature, typed or printed name of registered agent and title if a  | Discoulable (NOTE: F                                 | DAVI 5<br>Registered Agent signature   | EXECUTIVE DIRECTION OF THE PROPERTY OF THE PRO | ELTOK: 8/   | 26/0                      | 3                        |                |
|  | pplicable. (NOTE: R  9. Election Camp Trust Fund Cor | aign Financing   | required when reinstating) \$5.00 May Be   | Make Chec<br>Florida Depar  |                           |                          |                |
| Signature, typed or printed nat/le of registered agent and title if a  | 9. Election Camp<br>Trust Fund Cor                   | aign Financing   | \$5.00 May Be Added to Fees  | Make Chec   | tment of S                | State                    |                |
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25  | 9. Election Camp<br>Trust Fund Cor                   | aign Financing   | \$5.00 May Be Added to Fees  | * Make Chec<br>Florida Depai  | tment of S                | State                    | (03)           |
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25  10. OFFICERS AND DIRECTOR   | 9. Election Camp Trust Fund Cor S                    | aign Financing tribution.  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGE  O  KING LAURA   | Make Chec<br>Florida Depai<br>ES TO OFFICERS AND D  | rtment of S               | State                    | (4/03)         |
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25  10. OFFICERS AND DIRECTOR   | 9. Election Camp Trust Fund Cor S                    | aign Financing tribution.  11. TITLE NAME STREET ADDRESS   | \$5.00 May Be Added to Fees  ADDITIONS/CHANGE  O  KING, LAURA  | Make Chec<br>Florida Depai<br>ES TO OFFICERS AND D  | rtment of S               | State                    | 037 (4/03)     |
| FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  10. OFFICERS AND DIRECTOR  TITLE D  DAVIS, FERCELLA  | 9. Election Camp Trust Fund Cor S                    | aign Financing tribution.  11. TITLE NAME STREET ADDRESS   | \$5.00 May Be Added to Fees  ADDITIONS/CHANGE  O  KING LAURA   | Make Chec<br>Florida Depai<br>ES TO OFFICERS AND D  | rtment of S               | State                    | 30F037 (4/03)  |
| FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  10. OFFICERS AND DIRECTOR  TITLE D  NAME DAVIS, FERCELLA  STREET ADDRESS 1548 W. 29 ST.  | 9. Election Camp Trust Fund Cor S                    | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGE  O  KING LAURA  375 NORTH KILL  AKE PARK, FL   | Make Chec<br>Florida Depai<br>ES TO OFFICERS AND D<br>ANDRIVE<br>33403  | rtment of S               | State                    | CR2E037 (4/03) |
| FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  10. OFFICERS AND DIRECTOR  TITLE D  NAME DAVIS, FERCELLA  STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404  TITLE PD  NAME TALBOT, DONNA  | 9. Election Camp Trust Fund Cor  Delete              | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGE  O  KING LAURA  375 NORTH KILL  AKE PARK, FL   | Make Chec<br>Florida Depai<br>ES TO OFFICERS AND D<br>ANDRIVE<br>33403  | RECTORS IN                | State                    | CR2E037 (4/03) |
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NORTH PALM BEACH FL 33408 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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

BENINCASA, CheryL

705 VOYAGER LANE

**SIGNATURI** 

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**BROOKS, LASHEA** 

BEDOYA, REGINA

1016 N. DIXIE HWY 2 FLOOR

WEST PALM BEACH FL 33401

200 PGA BLVD. STE 2104

Delete

☐ Delete

Change

☐ Addition