FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01093 (6)

1. Corporation Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, I NC. - PALM BEACH CHAPTER

Principal Place of Business	Mailing Address
P O BOX 33344 SUITE C-208 PALM BEACH GARDENS FL 33420-3344	P O BOX 33344 SUITE C-208 PALM BEACH GARDENS FL 33420-3344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2224121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLEISCHER, KATHLEEN
2875 S. OCEAN BLVD., STE #200
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Janet Harris-Lange
82 Street Address (P.O. Box Number is Not Acceptable): 1001 W. Jasmine Dr. #G
83
84 City: Lake Park FL 85 Zip Code: 33403

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Janet Harris-Lange 5/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	TOWE, DONNA	12 NAME	Mary Ann Ellis
STREET ADDRESS	1735 N. CONGRESS AVE.	13 STREET ADDRESS	9872-K2 S. Military Trail
CITY-ST-ZIP	BOYNTON BEACH FL 33426	14 CITY-ST-ZIP	Boynton Beach, Fl. 33436
TITLE	VPD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	SANDI CULLIFER	22 NAME	Helen Gilmore
STREET ADDRESS	1201 U.S. 1 #41	23 STREET ADDRESS	4919 A Southern Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	24 CITY-ST-ZIP	West Palm Beach, Fl. 33416
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	JOAN SWINSON	32 NAME	Linda Gore
STREET ADDRESS	818 U.S. HWY. 1 #2	33 STREET ADDRESS	1095 Jupiter Park Drive, #13
CITY-ST-ZIP	N. PALM BEACH FL 33408	34 CITY-ST-ZIP	Jupiter, Fl. 33458
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	HELEN GILMORE	42 NAME	Mindy M. Weiss
STREET ADDRESS	4919 A SOUTH BLVD.	43 STREET ADDRESS	654 Shore Road
CITY-ST-ZIP	W. PALM BEACH FL 33416	44 CITY-ST-ZIP	North Palm Beach, Fl. 33408
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

7/27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda J. Gore, Treo / Dir 3/28/95 407-744-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040012