

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
01/25/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FFI 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(Print) Registered Agent signature required when resigning

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
ELLIS, MARY ANN  
9872-K2 S MILITARY TRAIL  
BOYNTON BEACH FL

☒ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Pres/director  
Sandi Cullifer  
1201 US Hwy 1, #41  
NPB, FL 33408

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
GILMORE, HELEN  
4919 A SOUTHERN BLVD  
WEST PALM BEACH FL

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

~~Judy Hudgens~~

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
GORE, LINDA  
1095 JUPITER PARK DRIVE #13  
JUPITER FL

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

SD  
Evelyn Parkes  
2240 Palm Beach Lakes Blvd.  
WPB, FL 33409

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
WEISS, MINDY M  
654 SHORE ROAD  
NORTH PALM BEACH FL

☒ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

SD  
Evelyn Parkes  
2240 Palm Beach Lakes Blvd.  
WPB, FL 33409

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

VPD  
Judy Hudgens  
140 Intracoastal Pointe Dr., #310  
Jupiter, FL 33477

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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)(k), 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, Treas./Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA T. GORE

3/15/96

Date

744-2142

Daytime Phone #

CR2E037 (12/95)