

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>PO BOX 7451 WEST PALM BEACH FL 33405 US</b>	Mailing Address <b>PO BOX 7451 WEST PALM BEACH FL 33405 US</b>
---	---

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

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified <b>01/25/1984</b>	4. FEI Number <b>59-2224121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	PD	<input checked="" type="checkbox"/> DELETE		
NAME	GILMORE, HELEN			
STREET ADDRESS	4919 A SOUTHERN BLVD			
CITY-ST-ZIP	WEST PALM BEACH FL			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		
NAME	GORE, LINDA			
STREET ADDRESS	1095 JUPITER PARK DRIVE #13			
CITY-ST-ZIP	JUPITER FL			
TITLE	TD	<input type="checkbox"/> DELETE		
NAME	PARKES, EVELYN			
STREET ADDRESS	2240 PALM BEACH LAKES BLVD.			
CITY-ST-ZIP	WPB FL			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		
NAME	HUDGENS, JUDY			
STREET ADDRESS	140 INTRACOASTAL POINTE DR., #310			
CITY-ST-ZIP	JUPITER FL			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		
NAME	LOUKO, PATRICIA			
STREET ADDRESS	4469 S CONGRESS AVE			
CITY-ST-ZIP	LAKE WORTH FL			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	Judy T. Hudgens			
1.3 STREET ADDRESS	140 Intracoastal Pointe Drive, Suite 301			
1.4 CITY-ST-ZIP	Jupiter, FL 33477			
2.1 TITLE	President Elect, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Linda Gore			
2.3 STREET ADDRESS	1095 Jupiter Park Drive, #13			
2.4 CITY-ST-ZIP	Jupiter, FL 33477			
3.1 TITLE	Vice-President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	Patricia Louko			
3.3 STREET ADDRESS	4469 S. Congress Avenue			
3.4 CITY-ST-ZIP	Lake Worth, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE				
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	Marilyn Seits			
5.3 STREET ADDRESS	11420 Fortune Circle, #117			
5.4 CITY-ST-ZIP	Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE				
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

14. 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 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 *Judy T. Hudgens* *Patricia A. Louko* *Feb 9 1998* *5/1-767 KLS*

CR2E037 (10/97)