05101999-90068-047-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 10 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0041256

DOCUMENT # N01093

1. Corporation Name

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

Principal Place of Business	Mailing Address
PO BOX 7451 WEST PALM BEACH FL 33405 US	PO BOX 7451 WEST PALM BEACH FL 33405 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/25/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	HUDGENS, JUDY T		1.2 NAME	Gore, Linda
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, STE 301		1.3 STREET ADDRESS	810 Saturn St Suite 28
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	PD	☑ DELETE	2.1 TITLE	VPD ☑ Change ☐ Addition
NAME	GORE, LINDA		2.2 NAME	Parks, Evelyn Suite 107
STREET ADDRESS	1095 JUPITER PARK DRIVE, #13		2.3 STREET ADDRESS	2240 Palm Beach Lake Blvd
CITY-ST-ZIP	JUPITER FL 33477		2.4 CITY-ST-ZIP	West Palm Beach FL 33409
TITLE	VPD	☑ DELETE	3.1 TITLE	Treas D ☐ Change ☑ Addition
NAME	LOUKO, PATRICIA		3.2 NAME	Louko, Patricia
STREET ADDRESS	4469 S CONGRESS AVE		3.3 STREET ADDRESS	3468 Canal Ct
CITY-ST-ZIP	LAKE WORTH FL 33461		3.4 CITY-ST-ZIP	Tequesta FL 33469
TITLE	SD	☑ DELETE	4.1 TITLE	Sec. D ☐ Change ☐ Addition
NAME	SEITS, MARILYN		4.2 NAME	Mary Ann Ellis Boynton Beach FL 33436
STREET ADDRESS	11420 FORTUNE CIR, #117		4.3 STREET ADDRESS	Am Speedy Printing
CITY-ST-ZIP	WELLINGTON FL 33414		4.4 CITY-ST-ZIP	9672 K-2 S. Military Trail
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Treasurer 5/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 5617476836