

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006603

Entity Name: WOMEN'S CHAMBER FOUNDATION, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

8407 STANIEL CAY  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

158 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

8407 STANIEL CAY  
WEST PALM BEACH, FL 33411

## New Mailing Address:

158 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410

FEI Number: 06-1644156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COZART, REBECCA L  
8407 STANIEL CAY  
WEST PALM BEACH, FL 33411

## Name and Address of New Registered Agent:

TURNER, KAREN  
16845 MELLE LANE  
JUPITER, FL 33478

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN TURNER

04/30/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LANDEN, GAYLE  
Address: 3902 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: GRELLER, PAULA  
Address: 333 N. OCEAN BLVD. #1718  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: MEYER, KAREN  
Address: 3932 RCA BLVD. #3402  
City-St-Zip: PALM BEACH GARDENS, FL 33401

Title: STD (X) Delete  
Name: COZART, REBECCA L  
Address: 8407 STANIEL CAY  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LANDEN, GAYLE  
Address: 158 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MEYER

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date