

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90051 030 \*\*\*\*61.25

**DOCUMENT # N02000007389**

1. Entity Name  
**THE PALM BEACH COUNTY CHAPTER OF THE FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.**



Principal Place of Business  
**777 S FLAGLER DR, SUITE 500E  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**777 S FLAGLER DR, SUITE 500E  
 WEST PALM BEACH, FL 33401**

11004000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**56-2295288**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPALL, CYNTHIA C  
 777 S FLAGLER DR, SUITE 500E  
 WEST PALM BEACH, FL 33401**

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **SUSKAUER, MICHELLE**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**  Delete  
 NAME **SPALL, CYNTHIA C**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**  Delete  
 NAME **SHAVITX, ELIZABETH S**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**  Delete  
 NAME **BOCK, SHARON R**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**  Delete  
 NAME **MILLER, KAREN M**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**  Delete  
 NAME **GORDON, JANE M.**  
 STREET ADDRESS **777 S FLAGLER DR, SUITE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Change  Addition  
 NAME **Ellen Malasky**  
 STREET ADDRESS **4420 Beacon Circle**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **D**  Change  Addition  
 NAME **Elisha Roy**  
 STREET ADDRESS **4420 Beacon Circle**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Spall  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04  
 Date

5616500863  
 Daytime Phone #