

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

DOCUMENT# N02000007389

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 56-2295288      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MALASKY, ELLEN  
Address: 4420 BEACON CIR.  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D      ( ) Delete  
Name: SPALL, CYNTHIA C  
Address: 777 S FLAGLER DR, SUITE 500E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: ROY, ELISHA  
Address: 4420 BEACON CIR.  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D      ( ) Delete  
Name: BOCK, SHARON R  
Address: 777 S FLAGLER DR, SUITE 500E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: GORDON, JANE M  
Address: 777 S FLAGLER DR, SUITE 500E  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CYNTHIA C. SPALL

D

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date