


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90036 021 \*\*\*\*61.25

<b>DOCUMENT # N03000008029</b>	
1. Entity Name <b>WOMEN IMPACTING PUBLIC POLICY, INC.</b>	

Principal Place of Business <b>7690 NW 10 ST FT LAUDERDALE, FL 33322</b>	Mailing Address <b>7690 NW 10 ST FT LAUDERDALE, FL 33322</b>
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2. Principal Place of Business <b>420 CLEMATIS STREET</b>	3. Mailing Address <b>420 CLEMATIS STREET</b>
Suite, Apt. #, etc. <b>2ND FLOOR</b>	Suite, Apt. #, etc. <b>2ND FLOOR</b>
City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>
Zip <b>33401</b>	Country <b>U.S.A.</b>

02132004 Chg-NP CR2E037 (10/03)




4. FEI Number <b>47-0938008</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PARKES, EVELYN F 420 CLEMATIS ST 2 FLR W PALM BCH, FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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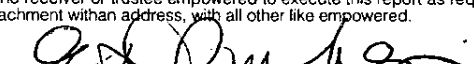
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  2/18/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOZDZ, WANDA E 7690 NW 10 ST FT LAUDERDALE, FL 33322</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAHONEY, MARIA 3825 S FLORIDA AVE LAKELAND, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARKES, EVELYN F 420 CLEMATIS ST 2 FLR W PALM BCH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 within address, with all other like empowered.

SIGNATURE:  2/18/04 561-326-9250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #