2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010467

FILED Jan 22, 2007 Secretary of State

Entity Name: BUSINESS AND PROFESSIONAL WOMEN'S CLUB OF ENGLEWOOD/VENICE, INC.

Current Principal Place of Business: New Principal Place of Business: 33 SOUTH INDIANA AVE ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** P.O. BOX 611 ENGLEWOOD, FL 34295 FEI Number: 20-5677155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KORSZEN, DOROTHY L 33 SOUTH INDIANA AVE US ENGLEWOOD, FL 34223 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BIRD, ESTHER Name: Name: Address: Address: 304 WEST VENICE AVE., SUITE 202 City-St-Zip: City-St-Zip: VENICE, FL 34285 Title: Title: () Change (X) Addition () Delete Name: Name: KORSZEN, DOROTHY L Address: Address: 33 SOUTH INDIANA AVE. City-St-Zip: City-St-Zip: ENGLEWOOD, FL 34223 Title: () Delete Title: () Change (X) Addition CONNOLLY, BARBARA Name: Name: 608 ALHAMBRA RD Address: Address: City-St-Zip: City-St-Zip: VENICE, FL 34285 Title: () Delete Title: () Change (X) Addition Name: Name: PETTY, SAUNDRA Address: Address: 13435 SOUTH MCCALL ROAD SUITE 2 City-St-Zip: City-St-Zip: GULF COVE, FL 33981 Title: () Delete Title: () Change (X) Addition FREY, JANET Name: Name: 1235 IMPALA ST Address: Address: City-St-Zip: City-St-Zip: NORTH PORT, FL 34288 Title: () Delete Title: () Change (X) Addition CASTELLANO, KATHY Name: Name: Address: Address: 1917 NEPTUNE DR ENGLEWOOD, FL 34223 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DOROTHY L. KORSZEN VP 01/22/2007