FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06078 (2)

1. Corporation Name

THE SOUTH PALM BEACH COUNTY WOMEN'S EXECUTIVE CL UB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 372 BOCA RATON FL 33429 US	P.O. BOX 372 BOCA RATON FL 33429 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2583735 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAYT, JUDITH A 3429 COCOPLUM CIRCLE COCONUT CREEK FL 33063	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HEINLY, JEAN N	1.2 NAME		
STREET ADDRESS	2905 SALERNO WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	FISHER, KIM	2.2 NAME	Brotman, Susan J.	
STREET ADDRESS	3111 PEACHTREE CIRCLE	2.3 STREET ADDRESS	2424 N. Federal Hwy., Suite 314	
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DS	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	FRIEDMAN, ILENE	3.2 NAME		
STREET ADDRESS	741 ST. ALBANS DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	WAYT, JUDITH A	4.2 NAME		
STREET ADDRESS	3429 COCOPLUM CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☒ Change ☐ Addition
NAME	WAYT, JUDITY	5.2 NAME	Weaver, Maribeth	
STREET ADDRESS	3429 COCOPLUM CIR	5.3 STREET ADDRESS	4069 Palm Forest Drive North	
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith A Wayt Judith A. Wayt 4/21/95 (407) 368-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004939