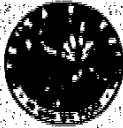


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
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 CLUB, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 372
BOCA RATON FL 33420
US**

**P.O. BOX 372
BOCA RATON FL 33420
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HENLY, JEAN N
STREET ADDRESS 2905 SALERNO WAY
CITY-ST-ZIP DELRAY BEACH FL 33445

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME FISHER, KIM
STREET ADDRESS 3111 PEACHTREE CIRCLE
CITY-ST-ZIP DAVIE FL 33328

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Brotman, Susan J.
2.3 STREET ADDRESS 2424 N. Federal Hwy., Suite 314
2.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE DS
NAME FRIEDMAN, ILENE
STREET ADDRESS 741 ST. ALBANS DR.
CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE DT ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME WAYT, JUDITH A
STREET ADDRESS 3429 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063

4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME WAYT, JUDITH
STREET ADDRESS 3429 COCOPLUM CIR
CITY-ST-ZIP COCONUT CREEK FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Weaver, Maribeth
5.3 STREET ADDRESS 4069 Palm Forest Drive North
5.4 CITY-ST-ZIP Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A. Wayt

4/21/95

DATE

(407) 368-0122

TELEPHONE #