

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010003

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** BUSINESS AND PROFESSIONAL WOMEN'S CLUB/ SUNSHINE COAST, INC

**Current Principal Place of Business:**

3809 SW 167TH AVE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

3809 SW 167TH AVE  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 87-0799183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTIZ-BEVAN, DORA  
3809 SW 167TH AVE  
MIRAMAR, FL 33027 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: P ( ) Delete  
Name: ORTIZ-BEVAN, DORA  
Address: 3809 SW 167TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: ST ( ) Delete  
Name: OLSON, ROSEMARY  
Address: 10465 SW 52 STREET  
City-St-Zip: COOPER CITY, FL 33328

Title: DIR ( ) Delete  
Name: ZUCKER, JANE  
Address: 1901 BRICKELL AVE #B2403  
City-St-Zip: MIAMI, FL 33129

Title: DIR ( ) Delete  
Name: TOBIN, NANCY  
Address: 8045 SW 107 AVE., #102  
City-St-Zip: MIAMI, FL 33173

Title: DIR ( ) Delete  
Name: WHITE-DAVIS, KHA  
Address: PO BOX 01-6024  
City-St-Zip: MIAMI, FL 33101

**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 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: DORA L. ORTIZ-BEVAN

P

04/30/2009

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

\_\_\_\_\_  
Date