

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N23441** (1)  
1. Corporation Name  
**CENTRAL PALM BEACH COUNTY WOMEN'S COUNCIL, INC.**



Principal Place of Business

Mailing Address

MARY ANNE BOGAERT  
4800 SO DIXIE HWY  
WEST PALM BEACH FL 33405  
US

MARY ANNE BOGAERT  
4800 SO. DIXIE HWY  
WEST PALM BEACH FL 33405  
US

3. Date Incorporated or Qualified  
**11/13/1987**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0059650**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JAMES F P.A.  
1400 CENTREPARK BLVD  
WEST PALM BEACH FL 33401

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D MACALUSO, NANCY**  
STREET ADDRESS **9492 BLOOMFIELD DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE ☒ DELETE  
NAME **D SMITH, CATHY**  
STREET ADDRESS **2324 SOUTH CONGRESS AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **CATHY CADY**  
2.3 STREET ADDRESS **4800 SOUTH DIXIE HWY**  
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ DELETE  
NAME **D BOGGERT, MARY ANNE**  
STREET ADDRESS **4800 SO DIXIE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **MARY ANNE BOGAERT**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Treasurer**  
4.3 STREET ADDRESS **Kimberly E. Williams**  
4.4 CITY-ST-ZIP **P.O. Box 19814**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **West Palm Beach, FL 33416-9814**

TITLE ☐ DELETE  
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)(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: *Cathy Cady* CATHY CADY, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 407/832-4663  
Date Daytime Phone #

CR2E037 (12/95)