

MP

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N23441 (1)
1. Corporation Name
CENTRAL PALM BEACH COUNTY WOMEN'S COUNCIL, INC.Principal Place of Business
PAT GAMBA
11924 FOREST HILL BLVD. #3
WELLINGTON FL 33414
US
Mailing Address
PAT GAMBA
11924 FOREST HILL BLVD. #3
WELLINGTON FL 33414
US

3. Date Incorporated or Qualified

11/13/1987

4. FEI Number

65-0059650

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

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes☐ No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MACALUSO, NANCY
STREET ADDRESS 9492 BLOOMFIELD DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL
☒ DELETE1.1 TITLE President - Elect
1.2 NAME Ruth Ann Sheffey
1.3 STREET ADDRESS 866 Birch Dr.
1.4 CITY-ST-ZIP West Palm Beach, FL 33415
☐ Change ☒ AdditionTITLE PD
NAME GAMBA, PAT
STREET ADDRESS 11924 FOREST HILL BLVD., SUITE 3
CITY-ST-ZIP WELLINGTON FL 33414
☐ DELETE2.1 TITLE Natalie Bennett, Secretary
2.2 NAME
2.3 STREET ADDRESS 14281 69th St N
2.4 CITY-ST-ZIP Palm Beach Gardens 33418
☐ Change ☒ AdditionTITLE D
NAME MARY ANNE BOGEART
STREET ADDRESS 4800 SO DIXIE
CITY-ST-ZIP WEST PALM BEACH FL 33405
☒ DELETE3.1 TITLE Treasurer
3.2 NAME Pam Taylor
3.3 STREET ADDRESS 1417-14th Lane
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418
☐ Change ☒ AdditionTITLE VPD
NAME CHRISTIE, ELIZABETH
STREET ADDRESS 11924 FOREST HILL BLVD., SUITE 3
CITY-ST-ZIP WELLINGTON FL 33414
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

N/A/08 (511) 708-5511

CR2E037 (10/97)