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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90082 039 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N23441 | | | | | |
| 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 | | |



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| 2. Principal Place of Business 21 Ruth Ann Sheffy Suite, Apt. #, etc. 22 866 Burch Dr. City & State 23 West Palm Beach, FL Zip 24 33415 | | 2a. Mailing Address 26 Ruth Ann Sheffy Suite, Apt. #, etc. 27 866 Burch Dr. City & State 28 West Palm Beach, FL Zip 29 33415 | | 3. Date Incorporated or Qualified 11/13/1987 | |
| 4. FEI Number 65-0059650 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Trust Fund Contribution <input type="checkbox"/> | | 7. Name and Address of Current Registered Agent MILLER, JAMES F P.A. 1400 CENTREPARK BLVD WEST PALM BEACH FL 33401 | |
| 8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City | | 85 Zip Code FL | | 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

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DE President <input type="checkbox"/> DELETE SHEFFY, RUTH ANN 866 BURCH DR. WEST PALM BEACH FL 33415 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> DELETE GAMBA, PAT 11924 FOREST HILL BLVD., SUITE 3 WELLINGTON FL 33414 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sonia Carlile 993 Springdale Circle Lake Worth, FL 33461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> DELETE BENNETT, NATALIE 14281 69TH DR N PALM BEACH GARDENS FL 33418 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy Luback, Luback Agency 1250 N. Ocean Drive Riviera Beach, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input checked="" type="checkbox"/> DELETE CHRISTIE, ELIZABETH 11924 FOREST HILL BLVD., SUITE 3 WELLINGTON FL 33414 | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Cook 9204 Winding Woods Dr. Lake Worth, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> DELETE TAYLOR, PAM 1417 14TH LANE PALM BEACH GARDENS FL 33418 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/2/99 (561) 582-9037

CR2E037 (11/98)