## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(2)

GREATER PALM BEACHES BUSINESS AND PROFESSIONAL W OMEN'S CLUB, INC.

Principal Place of Business Mailing Address						i impirent Den tentt differ mines soner rett giner miner debre neder dente dent inder
% ARNEATHA ROBERTS % ARNEATHA ROBERTS						
1537-39TH ST		1537-39TH ST WEST PALM BCH FL 33407-3633 US				
WEST PALM BC US	CH FL 33407					3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1988 02/16/1996
	2. Principal Place of Business 1 2/36 Chaqull Circle 26 2136 Chaqul					4. FEI Number Applied For
21 2/36		2136 Chagall Circle			65-0120407   Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
I City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23 West	t Palm Bch, Fl	28 West Palm Beach				Trust Fund Contribution Added to Fees
Zip	Country Zip C		j,	Country  B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Provide Statutes		
24 334		29 33409	30	U	<u>ა</u>	Florida Statutes Yes No
Name and Address of Current Registered Agent					<b></b>	10. Name and Address of New Registered Agent
				81	Name	'
ROBERTS, ARNEATHA J.				82 Street Address (P.O. Box Number is Not Acceptable)		
1537-39TH ST				83		
WEST PALM BCH FL 33407				65		
				84	City	85 Zip Code
11 Pursuant I	to the provisions of Sections 617 0502	and 617 1508. Florida Stal	tules the a	hove	named	
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.						
	m lamiliar with, and accept the obligat	ions of, Section 617.0503,	riorida sta	iutes		
SIGNATURE _	Signature typed or printed name of registered agent	and title if applicable (N	OTF Registere	ed Ager	nt signature	re required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	☐ DELETE	1.1 T	ITLE		Change Addition
NAME	MORRIS, CAROL		1.2 N	IAME		
STREET ADDRESS	1531 39TH STR		1.3 \$	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY - ST - ZIP		r- ZIP	
TITLE	PD	D DELETE 2.		2.1 TITLE		Change Addition
NAME	ROBERTS, ARNEATHA		2.2 N	IAME		
STREET ADDRESS	1537 39TH STREET 2		2.3 \$	2.3 STREET ADDRESS 21		2136 chagall Circle
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-S		2136 chagall Circle Nest Palm Bu Fl
TITLE	PD	DELETE	3.17	-		Change Addition
NAME	TAYLOR, PRISCILLA		32 N	IAME		
STREET ADDRESS	1448 39TH STREET		3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4.0	CITY-S	T-ZIP	
TITLE	PD	☐ DELETE	4.1 T			Change Addition
NAME	STEPHENS, GEORGIA		4.2	NAME		
STREET ADDRESS	106 E TIFFANY DR #4		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL		4,40	CITY-\$1	T-ZIP	<u>                               </u>
TITLE	PD	☐ DELETE	5.1 T	TLE	,	Change Addition
NAME	ANTHONY, HELEN		5.2	IAME		
STREET ADDRESS	2050 NO CONGRESS AVE		5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL		540	ITY-SI	T-ZIP	
TITLE	SO	DELETE	6.1 T	ITLE		Change Addition

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

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

MCCLENDON, CARTHIA

241 W 16TH ST

RIVIERA BEACH FL

STREET ADDRESS



**FILED** 

Feb 19 1997 8:00am

Secretary of State