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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24478**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2136 CHAGALL CIR WEST PALM BCH FL 33407 US	P.O. BOX 078526 WEST PALM BEACH FL 33407-0526 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0120407 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERTS, ARNEATHA J.
2136 CHAGALL CIR
WEST PALM BCH FL 33409

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, CONSTANCE		1.2 NAME	
STREET ADDRESS	8902 N BATES RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY GRADENS FL 33418		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, ARNEATHA		2.2 NAME	
STREET ADDRESS	2136 CHAGALL CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, GEORGIA		3.2 NAME	
STREET ADDRESS	106 E TIFFANY DR., #4		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		3.4. CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, GEORGIA		4. 2 NAME	
STREET ADDRESS	106 E TIFFANY DR #4		4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SESSONS, MARION		5.2 NAME	
STREET ADDRESS	2332 AVE "Z"		5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, HELEN		6.2 NAME	
STREET ADDRESS	2050 N CONGRESS AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		6.4 CITY-ST-ZIP	

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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: Arneatha J. Roberts SIGNATURE REQUIRED Arneatha J. Roberts 3-15-99 561-686-24 94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #