2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N24478

1. Entity Name
GREATER PALM BEACHES BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.

FILED
May 10, 2004 08:00 AM
Secretary of State

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

04112004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0120407
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arneatha J. Roberts 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

U00000159413
05/10/04-80029-012 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SESSOMS, MARION
STREET ADDRESS	2332 AVENUE "Z"
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	PD
NAME	BRUNSON-ROBINSON, CATHERINE
STREET ADDRESS	P.O. BOX 1942
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	PD
NAME	RUSS, GAIL
STREET ADDRESS	5551 SPRING LAKE TERRACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	PD
NAME	PORTER, ERMA
STREET ADDRESS	1449 8TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PS
NAME	PORTER, MONIQUE
STREET ADDRESS	1449 8TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	MORRIS, CAROL M
STREET ADDRESS	8305 MAN-O-WAR RD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

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12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Morris 4/30/04 (561)694-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #