

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24478

FILED  
Apr 28, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2136 CHAGALL CIR  
WEST PALM BCH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 078526  
WEST PALM BEACH, FL 334070526 US

**New Mailing Address:**

**FEI Number:** 65-0120407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SESSOMS, MARION  
Address: 2332 AVENUE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD ( ) Delete  
Name: BRUNSON-ROBINSON, CATHERINE  
Address: P.O. BOX 1942  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: PD ( ) Delete  
Name: RUSS, GAIL  
Address: 5551 SPRING LAKE TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD ( ) Delete  
Name: PORTER, ERMA  
Address: 1449 8TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PS ( ) Delete  
Name: PORTER, MONIQUE  
Address: 1449 8TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: MORRIS, CAROL M  
Address: 8305 MAN-O-WAR RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MORRIS

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date