2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N24478

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 exemption stated in Chapter 119, 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 M MORRIS T 05/02/2009
Electronic Signature of Signing Officer or Director — Date