

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90247 010 ****61.25

DOCUMENT # N24478

1. Entity Name

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



Principal Place of Business

**2136 CHAGALL CIR
WEST PALM BCH FL 33407
US**

Mailing Address

**P.O. BOX 078526
WEST PALM BEACH FL 33407-0526
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MCLENDON, CARTHIA**
STREET ADDRESS **241 WEST 16TH WAY**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **PD** ☒ Change ☐ Addition
NAME **Marion Sessoms**
STREET ADDRESS **2332 Avenue "Z"**
CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **PD** ☐ Delete
NAME **TAYLOR, HENRIETTA**
STREET ADDRESS **2324 AVENUE "Z"**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **PD** ☒ Change ☐ Addition
NAME **Catherine Brunson-Robinson**
STREET ADDRESS **P. O. Box 1942**
CITY-ST-ZIP **West Palm Beach, FL 33402**

TITLE **PD** ☐ Delete
NAME **CULLER, ALBERTA**
STREET ADDRESS **141 EIDER COURT**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PD** ☒ Change ☐ Addition
NAME **Gail Russ**
STREET ADDRESS **5551 Spring Lake Terrace**
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **PD** ☐ Delete
NAME **SESSOMS, MARION**
STREET ADDRESS **2332 AVENUE "Z"**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **PD** ☒ Change ☐ Addition
NAME **Erma Porter**
STREET ADDRESS **1449 8th Street**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **S** ☐ Delete
NAME **ROBERTS, ARNEATHA**
STREET ADDRESS **2136 CHAGALL CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **PS** ☒ Change ☐ Addition
NAME **Monique Porter**
STREET ADDRESS **1449 8th Street**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **T** ☐ Delete
NAME **MORRIS, CAROL**
STREET ADDRESS **8305 MAN-O-WAR ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **T** ☐ Change ☐ Addition
NAME **Carol Moses Morris**
STREET ADDRESS **8305 Man-O-War Rd.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Moses Morris

4/28/03

(561) 694-2320

CR2E037 (10/02)