

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90245 037 ****61.25

DOCUMENT # N45056

1. Entity Name

WOMEN IN NETWORK, INC.



Principal Place of Business

**PO BOX 9744
FT. LAUDERDALE FL 33310
US**

Mailing Address

**PO BOX 9744
FT. LAUDERDALE FL 33310
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 **65-0287695**

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

**CREA, FLORENCE M
2765 GRIFFIN RD #3
DANIA BEACH FL 33312**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | D | <input type="checkbox"/> Delete |
| NAME | DE JAMES, ROXANNE | |
| STREET ADDRESS | 106 E HEMMINGWAY CIRCLE | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | TOPPLE, GERI L | |
| STREET ADDRESS | 9710 SW 9TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SMALL, STEPHANIE | |
| STREET ADDRESS | 18158 BOCAWAY D | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MARTIN, BOBBI | |
| STREET ADDRESS | 5961 NW 2ND AVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DC | <input checked="" type="checkbox"/> Delete |
| NAME | WARNER, HELEN | |
| STREET ADDRESS | 2115 N 14TH AVE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | GREENBERG, GRACE | |
| STREET ADDRESS | 1505 M SPRING HARBOR DR | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Roxanne DeJames* 2/12/03 (954) 663-0140

CR2E037 (10/02)

Attachment 70017363
Doc. N415056

D/C
Florence M. Crea
2765 Griffin Road, #3
Dania Beach, Florida

C
Donna DiMarco
531 N. Ocean Blvd, #704
Pompano Beach, FL 33062

D/C
Grace McDonald
738 N.E. 17th Terrace
Ft. Lauderdale, FL 33304

D/C
Jayne Warbinton
106 E. Hemingway Circle
Margate, FL 33063

D/C
Andrea Wilson
7637 Hampton Blvd. #7637
N. Lauderdale, FL 33068