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FILED

May 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45162 (7)

1. Corporation Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS-BO  
CA/DELRAY CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 985  
BOCA RATON FL 3342911321 LAKE TREE COURT  
BOCA RATON FL 33498-6817  
US3. Date Incorporated or Qualified  
09/16/19913a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0298191

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZA, MARLENE A. CPA  
11330 LAKE TREE COURT  
BOCA RATON FL 33498

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BLOOM, ROCHELLE  
STREET ADDRESS 6016 VISTA LINDA LANE  
CITY - ST - ZIP BOCA RATON FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME BUSH, BOBRA  
STREET ADDRESS 7301-A W PALMETTO PARK ROAD #204B  
CITY - ST - ZIP BOCA RATON FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D ☒ DELETE  
NAME CUTAIA, SUSAN  
STREET ADDRESS 394 SW 12TH AVE  
CITY - ST - ZIP DEERFIELD BEACH FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Jaana Mingerley  
3.3 STREET ADDRESS 8101 NW Corporate Blvd  
3.4 CITY - ST - ZIP Boca Raton, FLTITLE VPD ☐ DELETE  
NAME MAZZA, MARLENE A. CPA  
STREET ADDRESS 11270 ISLAND LAKES AVE.  
CITY - ST - ZIP BOCA RATON FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME KONDRACKI, MARIA  
STREET ADDRESS 5900 NORTH ANDREWS AVE #250  
CITY - ST - ZIP FORT LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marlene A. Mazza  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

561 997-1612

Date

Daytime Phone # 0043286

CP2E037 (9/96)