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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45162

1. Corporation Name

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

Principal Place of Business

P.O. BOX 985
BOCA RATON FL 33429

Mailing Address

RVR
500 NE SPANISH RIVER BLVD
SUITE 205 16
BOCA RATON FL 33431
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 500 NE Spanish Rvr Blvd	09/16/1991
22 City & State	27 SUITE 16	4. FEI Number
23 Zip	28 City & State	65-0298191
24 Country	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FELDMAN, CPA M
500 NE SPANISH RIVER BLVD SUITE 205 16
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, ROACHELLE	1.2 NAME	Lin Sue Craig Willis
STREET ADDRESS	6016 VISTA LINDA LANE	1.3 STREET ADDRESS	P.O. Box 1628
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33429
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAMONE, ANN	2.2 NAME	
STREET ADDRESS	3950 RCA BLVD SUITE 5003	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOISIO, JAANA	3.2 NAME	MOISIO, JAANA
STREET ADDRESS	750 S DIXIE HIGHWAY	3.3 STREET ADDRESS	5353 Town Center Ad., Suite 1102
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MINDY A	4.2 NAME	
STREET ADDRESS	500 NE SPANISH RIVER BLVD SUITE 205 16	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOZDZ, WANDA	5.2 NAME	
STREET ADDRESS	7690 NW 10 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Mindy A Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

561-392-1040

Date Daytime Phone #

CR2E037 (11/98)