

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000216

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** SOUTH PALM BEACH COUNTY CHAPTER NATIONAL ORGANIZATION FOR WOMEN, INC.

**Current Principal Place of Business:**

7453 CHABLIS CT  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880213  
BOCA RATON, FL 33429

**New Mailing Address:**

**FEI Number:** 65-0398901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDRE, NATALIE  
14782 WOOD LODGE LANE  
DELRAY BEACH, FL 33484 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: BLIDEN, LINDA  
Address: 10921 LAKE FRONT PLACE  
City-St-Zip: BOCA RATON, FL 33498

Title: VPD ( ) Delete  
Name: GUADALUPE, ADELE  
Address: 5800 ACMINO DEL SOL #200  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete  
Name: BELMUTH, BETSY  
Address: 12565 IMPERIAL ISLE DR 405  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S ( ) Delete  
Name: SEIDLER, ROSELEE  
Address: 7841 LA MIRADA DR  
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete  
Name: ANDRE, NATALIE  
Address: 14782 WOODLODGE LANE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ASC ( ) Delete  
Name: JAFFE, SHEILA  
Address: 7453 CHABLIS CT  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: GUADALUPE, ADELE  
Address: 5800 CAMINO DEL SOL #200  
City-St-Zip: BOCA RATON, FL 33433

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: NATALIE ANDRE

TD

03/07/2009

Electronic Signature of Signing Officer or Director

Date