

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000216

FILED
Apr 25, 2010
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:

14782 WOOD LODGE LANE
DELRAY BEACH, FL 33484 US

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
Name: ANDRE, NATALIE
Address: 14782 WOOD LODGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD
Name: OCKMAN, MEREDITH
Address: 140 YACHT CLUB WAY # 106
City-St-Zip: LAKE WORTH, FL 33462

Title: VPD
Name: FONFA, ANN
Address: 7319 SERRANO TERRACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: S
Name: WAITKEVICZ, JOAN
Address: 2600 N FLAGLER DR. #207
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD
Name: HERMAN, SHIRLEY
Address: 2600 N FLAGLER DR. #207
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD
Name: JAFFE, SHEILA
Address: 7453 CHABLIS CT
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: NATALIE ANDRE

PRES

04/25/2010

Electronic Signature of Signing Officer or Director

Date