

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90001 040 ****61.25

DOCUMENT # N93000000254

1. Corporation Name

THE ASSOCIATION OF PROFESSIONAL WOMEN, INC.

468427-90001-40

Principal Place of Business

500 W. CYPRESS RD
STE. 290
FT. LAUDERDALE FL 33309
US

Mailing Address

503 S.E. 7TH AVENUE
DEERFIELD BEACH FL 33441
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1993

4. FEI Number

65-0386941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREENICH, CAROLE S.
503 S.E. 7TH AVENUE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

A BIRMINGHAM

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

1155 HILLSBORO MILE #202

83

84 City HILLSBORO BEACH

FL

85 Zip Code 33062

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]

A BIRMINGHAM

Treasurer

4/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENICH, CAROLE S
STREET ADDRESS 503 SE 7TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL
☒ DELETE

TITLE TD
NAME AHEARN, KATHLEEN
STREET ADDRESS P. O. BOX 1199 N/A
CITY-ST-ZIP BOCA RATON FL 33429
☒ DELETE

TITLE D
NAME REUBEN, MARA
STREET ADDRESS 2707 N OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME BEVERLY PIPES
1.3 STREET ADDRESS PO BOX 1637
1.4 CITY-ST-ZIP BOCA RATON, FL 33429
☐ Change ☒ Addition

2.1 TITLE TD
2.2 NAME ANNE BIRMINGHAM
2.3 STREET ADDRESS 1155 HILLSBORO MILE #202
2.4 CITY-ST-ZIP HILLSBORO BEACH, FL 33062
☐ Change ☒ Addition

3.1 TITLE PD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33431
☒ Change ☐ Addition

4.1 TITLE VD
4.2 NAME SUZY GIRARD
4.3 STREET ADDRESS 1001 YAMATO RD. Ste 405
4.4 CITY-ST-ZIP BOCA RATON, FL 33487
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)