

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001425

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** BUSINESS AND PROFESSIONAL WOMEN OF NORTH LAKE, INC.

**Current Principal Place of Business:**

P.O. BOX 1802  
EUSTIS, FL 327271802

**New Principal Place of Business:**

2930 WESTGATE DRIVE  
EUSTIS, FL 32726

**Current Mailing Address:**

P.O. BOX 1802  
EUSTIS, FL 327271802

**New Mailing Address:**

**FEI Number:** 59-6139548      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROYCE, CYNTHIA  
2930 WESTGATE DRIVE  
EUSTIS, FL 32726 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: P ( ) Delete  
Name: HULBERT, NANCY  
Address: 35624 CYPRESS COURT  
City-St-Zip: LEESBURG, FL 34788

Title: VP ( ) Delete  
Name: MUSBACH, DEBORAH  
Address: 2016 ISOLA BELLA BOULEVARD  
City-St-Zip: MOUNT DORA, FL 32757

Title: 2VP ( ) Delete  
Name: SEMENTO, SHARRON  
Address: 22 CYPRESS DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: T ( ) Delete  
Name: CYNTHIA, ROYCE  
Address: 2930 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: S ( ) Delete  
Name: SHELTON, MARIE  
Address: P.O. BOX 1313  
City-St-Zip: UMATILLA, FL 32784

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

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:

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: CYNTHIA ROYCE

TREA

01/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date