

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90272 008 ****61.25

DOCUMENT # N94000002031

1. Entity Name

**NATIONAL WOMEN'S POLITICAL CAUCUS GWEN CHERRY
CHAPTER, INC.**



Principal Place of Business

**161 SE 13 ST
POMPANO BEACH FL 33060
US**

Mailing Address

**161 SE 13 ST
POMPANO BEACH FL 33060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2145815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSTO, KAREN
161 SE 161 STREET
POMPANO BEACH FL 33060**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Hosto

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GLICKMAN, SHARON B**
STREET ADDRESS **6270 N.W. 44TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☒ Delete
NAME **BLOODWORTH, JAMIE**
STREET ADDRESS **4220 S W 9TH ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE **DP** ☐ Delete
NAME **HOSTO, KAREN**
STREET ADDRESS **161 SE 13 ST**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **T** ☒ Delete
NAME **SMITH, BERTHA**
STREET ADDRESS **569 BANKS ROAD**
CITY-ST-ZIP **MARTATE FL 33063**

TITLE **S** ☐ Delete
NAME **RICHARDSON, NOLA**
STREET ADDRESS **2142 N UNIVERSITY DR**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **BD** ☐ Delete
NAME **JACOBSON, RUTH**
STREET ADDRESS **16100 GOLF CLUB RD**
CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Board of Director*
STREET ADDRESS *Helene Milman*
CITY-ST-ZIP *10001 Winding Lake Rd #104*
Sunrise, Florida 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Treasurer*
STREET ADDRESS *Barbara L. Hixson*
CITY-ST-ZIP *2952 N.W. 13th Street*
Ft. Lauderdale, Fla 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Hosto *Karen Hosto*

4/27/04

(954)946-3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #