


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90446 036 \*\*\*\*61.25

<b>DOCUMENT # N94000002031</b> 1. Entity Name <b>NATIONAL WOMEN'S POLITICAL CAUCUS GWEN CHERRY CHAPTER, INC.</b>					
Principal Place of Business <b>161 SE 13 ST POMPANO BEACH FL 33060 US</b>		Mailing Address <b>161 SE 13 ST POMPANO BEACH FL 33060 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2145815</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOSTO, KAREN 161 SE 161 STREET POMPANO BEACH FL 33060</b>				7. Name and Address of New Registered Agent Name <b>Patti Lynn</b> Street Address (P.O. Box Number is Not Acceptable) <b>6411 NW 58th Street</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321-5722</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICKMAN, SHARON B 6270 N.W. 44TH STREET CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director</del> <del>Sharon Glickman</del> D. Glickman - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MILMAN, HELENE 10001 WINDING LAKE RD., #104 SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Hazel Armbruster 1808 NW 6th Ave Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOSTO, KAREN 161 SE 13 ST POMPANO BEACH FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Patti Lynn 6411 NW 58th Street TAMARAC, FL 33321-5722	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMSON, BARBARA 2952 NW 13TH ST. FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Barbara Williamson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, NOLE 2142 N UNIVERSITY DR TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/D Deborah Waldie 161 SE 13th St Pompano Beach FL 33060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD JACOBSON, RUTH 16100 GOLF CLUB RD WESTON FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reslyn Batson 5645 Evergreen Drive Miramar, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Patti Lynn</u> <b>Patti Lynn, Pres. 4/2/05</b> (954) 532-0931					