

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90338 048 ****61.25

DOCUMENT # N94000002031

1. Entity Name
**NATIONAL WOMEN'S POLITICAL CAUCUS GWEN CHERRY CH
APTER, 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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Helene milman**
STREET ADDRESS **13001 Winding Lake Rd #104**
CITY-ST-ZIP **Sunrise, Florida 33551**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Barbara Williamson**
STREET ADDRESS **2952 NW 13th St**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

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

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

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

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

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

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

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

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:

RECEIVED

4/24/03 (954) 944-3265

CR2E037 (10/02)