

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003611

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE WOMEN'S CHAMBER OF COMMERCE OF PALM BEACH COUNTY INC.

Current Principal Place of Business:

1470 N. CONGRESS AVE.
SUITE 113
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1470 N. CONGRESS AVE.
SUITE 113
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0568457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, JANE C
1470 N. CONGRESS AVE.
WEST PALM BEACH, FL 33409 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: PRES () Delete
Name: LEPORE, THERESA
Address: P.O. BOX 3142RIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PP () Delete
Name: TURNER, SUZANNE
Address: 2811 VILLAGE BLVD. #301
City-St-Zip: WEST PALM BEACH, FL 33409

Title: 2VP () Delete
Name: LONG, LINDA
Address: 1230 ROYAL PALM AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SEC () Delete
Name: WISER, KAREN
Address: 1470 N. CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TREA (X) Delete
Name: KELLY, HEATHER L
Address: 1130 PROSPERTY FARMS
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: 1VP (X) Delete
Name: BLOOM, JANE C
Address: 1355 N. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEPORE, THERESA
Address: P.O. BOX 3142
City-St-Zip: WEST PALM BEACH, FL 33409

Title: 1VP (X) Change () Addition
Name: BLOOM, JANE C
Address: 1375 N. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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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: THERESA LEPORE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date