## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000208

FILED Mar 24, 2008 Secretary of State

Entity Name: WOMEN'S TRANSPORTATION SEMINAR - SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:** New Principal Place of Business:

433 PLAZA REAL 2191 NW 97 AVENUE SUITE 275 MIAMI, FL 33172

BOCA RATON, FL 33432 US

**New Mailing Address: Current Mailing Address:** 

433 PLAZA REAL 2191 NW 97 AVENUE SUITE 275 MIAMI, FL 33172

BOCA RATON, FL 33432 US

FEI Number: 52-1269961 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DANTZLER, VERNAI KISELEWSKI, KAREN 433 PLAZA REAL 3674 LAKEVIÉW BLVD SUITE 275 DELRAY BEACH, FL 33445 US BOCA RATON, FL 33432 US

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: KAREN A KISELEWSKI, TREASURER 03/24/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete DANTZLER, VERNAI PORRATA, MARIA Name: Name:

433 PLAZA REAL, SUITE 275 Address: 2191 NW 97 AVENUE Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete Title: (X) Change ( ) Addition

PORRATA, MARIA Name: JOCELYN, JESSICA Name:

Address: 2191 NW 97 AVENUE Address: 110 E. BROWARD BLVD., SUITE 2410 City-St-Zip: MIAMI, FL 33172 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Delete Title: () Change () Addition

SHORT, SHANNON Name: Name: 8653 GAYPINE ROAD, SUITE 100 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

KISELEWSKI, KAREN KISELEWSKI, KAREN Name: Name: Address: 6363 NW 6 WAY, SUITE 300 Address: 3674 LAKEVIEW BLVD City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: DELRAY BEACH, FL 33445

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: KAREN A KISELEWSKI. TREASURER Т 03/24/2008