

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003515 (1)
1. Corporation Name
AMERICAN BUSINESS WOMEN'S ASSOCIATION, PEMBROKE PINES CHAPTER, INC.

Principal Place of Business 740 S CRESCENT DRIVE HOLLYWOOD FL 33021	Mailing Address 740 S CRESCENT DRIVE HOLLYWOOD FL 33021
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/29/1996	4. FEI Number 65-0489007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DOLAN, JUDITH A
10021 PINES BLVD.
STE. 205
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent
81 Name **DEBRA BYRNE-MATHEWS**
82 Street Address (P.O. Box Number is Not Acceptable)
11214 PINES BLVD SUITE 135
83
84 City **PEMBROKE PINES** **FL** 85 Zip Code **33026**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0504, Florida Statutes.
SIGNATURE *Debra Byrne-Matthews* DATE **4-28-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SAPORTA, HILARY 1600 N.E. 8 STREET FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAGG, DEBRA 6051 JOHNSON ST HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERSAN, JUDITH 19240 N.W. 22 ST. PEMBROKE PINES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLAN, JUDITH A 10021 PINES BLVD., #205 PEMBROKE PINES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STARKEY, CAHTERINE M 311 S.W. 71 WAY PEMBROKE PINES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYRNE-MATHEWS, DEBRA 11214 PINES BLVD., STE. 135 PEMBROKE PINES FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CS IRIS KRYSTY 9646 PINES BLVD PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD JUDITH A DOLAN 9646 PINES BLVD PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD DEBRA BYRNE-MATHEWS 11214 PINES BLVD SUITE 135 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD LISA RITCHIE 4926 SW 44 TERR FT LAUDERDALE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VPD HILARY SAPORTA 1600 NE 6 ST FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra Byrne-Matthews* DATE **4-28-98** **954-433-3923**

CR2037 (10/97)