

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90103 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																			
DOCUMENT # N96000003515																																																																																																																																																							
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																																																																																																																																																				
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country		3. Date Incorporated or Qualified 06/29/1996 4. FEI Number 65-0489007 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																			
9. Name and Address of Current Registered Agent BYRNE-MATHEWS, DEBRA 11214 PINE BLVD SUITE 135 PEMBROKE PINES FL 33026			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 10921 SW 10 COURT 83. 84. City FL 85. Zip Code 33025																																																																																																																																																				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Debra Byrne-Matthews</i> DATE																																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>CS</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>KRISTY, IRIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9646 PINES BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33024</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>DOALN, JUDITH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9646 PINES BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33024</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>PERSAN, JUDITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19240 N.W. 22 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BYRNE-MATHEWS, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11214 PINES BLVD, #135</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33026</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>RITCHIE, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4926 SW 44TH TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE FL 33314</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>SAPORTA, HILARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1600 NE 6TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE FL 33304</td> <td></td> </tr> </table>						TITLE	CS	☒ DELETE	NAME	KRISTY, IRIS		STREET ADDRESS	9646 PINES BLVD		CITY-ST-ZIP	PEMBROKE PINES FL 33024		TITLE	PD	☒ DELETE	NAME	DOALN, JUDITH A		STREET ADDRESS	9646 PINES BLVD		CITY-ST-ZIP	PEMBROKE PINES FL 33024		TITLE	TD	☐ DELETE	NAME	PERSAN, JUDITH		STREET ADDRESS	19240 N.W. 22 ST.		CITY-ST-ZIP	PEMBROKE PINES FL		TITLE	VD	☐ DELETE	NAME	BYRNE-MATHEWS, DEBRA		STREET ADDRESS	11214 PINES BLVD, #135		CITY-ST-ZIP	PEMBROKE PINES FL 33026		TITLE	SD	☐ DELETE	NAME	RITCHIE, LISA		STREET ADDRESS	4926 SW 44TH TERR		CITY-ST-ZIP	FT LAUDERDALE FL 33314		TITLE	VPD	☒ DELETE	NAME	SAPORTA, HILARY		STREET ADDRESS	1600 NE 6TH STREET		CITY-ST-ZIP	FT LAUDERDALE FL 33304		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>S/D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>JOANNE MINER</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>V/D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>STEPHANIE DENZ</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>15440 HUNTRIDGE D</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>DAVIE, FL</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>V/D</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>PD</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>10921 SW 10 COURT</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>33025</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>T/D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>SHIELA TOBIER</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>4584 N. HIATUS ROAD</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>SUNRISE FL 33351</td> <td></td> </tr> </table>		1.1 TITLE	S/D	☐ Change ☒ Addition	1.2 NAME	JOANNE MINER		1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE	V/D	☐ Change ☒ Addition	2.2 NAME	STEPHANIE DENZ		2.3 STREET ADDRESS	15440 HUNTRIDGE D		2.4 CITY-ST-ZIP	DAVIE, FL		3.1 TITLE	V/D	☒ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE	PD	☒ Change ☐ Addition	4.2 NAME			4.3 STREET ADDRESS	10921 SW 10 COURT		4.4 CITY-ST-ZIP	33025		5.1 TITLE		☐ Change ☐ Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE	T/D	☐ Change ☒ Addition	6.2 NAME	SHIELA TOBIER		6.3 STREET ADDRESS	4584 N. HIATUS ROAD		6.4 CITY-ST-ZIP	SUNRISE FL 33351	
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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, with all other like empowered.

SIGNATURE:

Debra Byrne-Matthews
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 954-435-5921
 MATHEWS
 Daytime Phone #

CR2E037 (11/98)