

DOCUMENT # N98000001402

1. Entity Name

WOMEN IN TRANSITION CLUB, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90044 031 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O NORTHERN TRUST BANK
301 YAMATO ROAD
BOCA RATON FL 33431

Mailing Address
C/O NORTHERN TRUST BANK
301 YAMATO ROAD
BOCA RATON FL 33431-4917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0821839

Applied For
Not Applicable

Zip Country

Zip Country

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

ZIEMAN, CATHERINE A
C/O NORTHERN TRUST BANK
301 YAMATO ROAD
BOCA RATON FL 33431

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ZIEMAN, CATHERINE A	301 YAMATO ROAD	BOCA RATON FL 33431	<input type="checkbox"/>
	DELZIO, DORIS	301 YAMATO ROAD	BOCA RATON FL 33431	<input type="checkbox"/>
	CASTAN, RONA	2673 NW 64TH BLVD	BOCA RATON FL 33496	<input type="checkbox"/>
	MADES, MARILYN	401 NE MIZNER BLVD SUITE 801	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
	SNYDER, DOROTHY	899 E JEFFERY STREET APT 805-1	BOCA RATON FL 33487	<input type="checkbox"/>
	ALPERN, MICKI	899 E JEFFERY STREET APT 712-1	BOCA RATON FL 33487	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/00 561-998-9100

CR2E037 (9/99)