

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 018 ****61.25

DOCUMENT # N98000004456

1. Entity Name
WOMEN'S BUSINESS DEVELOPMENT CENTER, INC.



Principal Place of Business
**11205 SOUTH DIXIE HIGHWAY
SUITE 101
PINECREST, FL 33156**

Mailing Address
**11205 SOUTH DIXIE HIGHWAY
SUITE 101
PINECREST, FL 33156**

400000203



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0888472

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

**ALLEN, NANCY A
11205 S. DIXIE HIGHWAY
SUITE 101
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE MD ☐ Delete
NAME ALLEN, NANCY A
STREET ADDRESS 10325 N.W. 46TH STREET
CITY-ST-ZIP MIAMI, FL 33178

TITLE DC ☐ Delete
NAME HIGHTOWER, DANA
STREET ADDRESS 2900 CORPORATE WAY, SBE OFFICE STE 117
CITY-ST-ZIP HOLLYWOOD, FL 33025

TITLE D ☒ Delete
NAME ROMANI, BARBARA
STREET ADDRESS 8750 DORAL BLVD, MS7C
CITY-ST-ZIP MIAMI, FL 33178

TITLE D ☐ Delete
NAME FRANCIS, SHERI
STREET ADDRESS 2200 OLD GERMANTOWN RD
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☒ Delete
NAME CHANEY, DOROTHY
STREET ADDRESS 1129 NW 105 COURT
CITY-ST-ZIP MIAMI, FL 33150

TITLE P ☐ Delete
NAME ALLEN, NANCY A
STREET ADDRESS 10325 NW 46 STREET
CITY-ST-ZIP MIAMI, FL 33178

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Larae Floyd
STREET ADDRESS 303 SE 17 Street, #308
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE D ☐ Change ☒ Addition
NAME Audrie Dodds
STREET ADDRESS 1555 Palm Beach Lakes Blvd.
CITY-ST-ZIP W. Palm Beach, FL 33401

TITLE D ☐ Change ☒ Addition
NAME Althea Harris
STREET ADDRESS 100 S. Biscayne Blvd. 7th Floor
CITY-ST-ZIP Miami FL 33131

TITLE DT ☒ Change ☐ Addition
NAME Shari Francis
STREET ADDRESS 2200 Old Germantown Road
CITY-ST-ZIP Delray Beach, FL 33445

TITLE D ☐ Change ☒ Addition
NAME Priscilla Tudela
STREET ADDRESS 6750 N. Andrews Avenue, Ste. 400
CITY-ST-ZIP Ft. Lauderdale, FL

TITLE D ☐ Change ☒ Addition
NAME Sam Hines
STREET ADDRESS 9050 Pines Blvd, Ste 150
CITY-ST-ZIP Pembroke Pines, FL 33024

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jan 07

Date

305971-9423

Daytime Phone #