

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90019 024 \*\*\*\*70.00

<b>DOCUMENT # N98000004456</b>					
<b>1. Entity Name</b> <b>WOMEN'S BUSINESS DEVELOPMENT CENTER, INC.</b>					
<b>Principal Place of Business</b> 11205 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST, FL 33156			<b>Mailing Address</b> 11205 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST, FL 33156		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		01042008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0888472	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ALLEN, NANCY A 11205 S. DIXIE HIGHWAY SUITE 101 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> MD <b>NAME</b> ALLEN, NANCY A <b>STREET ADDRESS</b> 10325 N.W. 46TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete				
<b>TITLE</b> DC <b>NAME</b> HIGHTOWER, DANA <b>STREET ADDRESS</b> 2900 CORPORATE WAY, SBE OFFICE STE 117 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33025	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HARRIS, ALTHEN <b>STREET ADDRESS</b> 100 SOUTH BISCAYNE BLVD 7TH FLOOR <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete				
<b>TITLE</b> DT <b>NAME</b> FRANCIS, SHERI <b>STREET ADDRESS</b> 2200 OLD GERMANTOWN RD <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> TUDELA, PRISCILLA <b>STREET ADDRESS</b> 6750 NORTH ANDREWS AVE SUITE 400 <b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> ALLEN, NANCY A <b>STREET ADDRESS</b> 10325 NW 46 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> Floyd, LaRae <b>STREET ADDRESS</b> 303 SE 17 Street # 308 <b>CITY-ST-ZIP</b> Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Dodds, Audric <b>STREET ADDRESS</b> 1555 Palm Beach Lakes Blvd. <b>CITY-ST-ZIP</b> W. Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Hines, Sam <b>STREET ADDRESS</b> 9050 Pines Blvd #150 <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>		Nancy Allen		15 Feb 08    305 971 9473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	