

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004456

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

11205 SOUTH DIXIE HIGHWAY
SUITE 101
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

11205 SOUTH DIXIE HIGHWAY
SUITE 101
PINECREST, FL 33156

New Mailing Address:

FEI Number: 65-0888472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ALLEN, NANCY A
Address: 10325 N.W. 46TH STREET
City-St-Zip: MIAMI, FL 33178

Title: DC () Delete
Name: HIGHTOWER, DANA
Address: 2900 CORPORATE WAY, SBE OFFICE STE 117
City-St-Zip: HOLLYWOOD, FL 33025

Title: D () Delete
Name: HARRIS, ALTHEN
Address: 100 SOUTH BISCAYNE BLVD 7TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: FRANCIS, SHERI
Address: 2200 OLD GERMANTOWN RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: FLOYD, LARAE
Address: 303 SE 17 ST 308
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: P () Delete
Name: ALLEN, NANCY A
Address: 10325 NW 46 STREET
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARRIS, ALTHEA
Address: 100 SOUTH BISCAYNE BLVD 7TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: DT (X) Change () Addition
Name: FRANCIS, SHARI
Address: 2200 OLD GERMANTOWN RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY ALLEN

P

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date