

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90108 044 \*\*\*\*61.25

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DOCUMENT # N98000007358

1. Corporation Name

THE WOMEN'S PROJECT OF PALM BEACH COUNTY, INC.

Principal Place of Business  
P.O. BOX 7046  
WEST PALM BEACH FL 33405

Mailing Address  
P.O. BOX 7046  
WEST PALM BEACH FL 33405

1 4 7 1 8 6  
147106-90108-44



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/28/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALENTIN, CARMEN  
940 ALAMANDA ROAD  
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MOORE-SMITH, CORETHA  
STREET ADDRESS 625 SW 9TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DEMPSEY, GAYL  
STREET ADDRESS 1618 LIND LOU DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JEFFERSON, APRIAL  
STREET ADDRESS 900 54TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WARBURTON, SUSAN  
STREET ADDRESS 3713 MIL LAKE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33488

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEVY, MARLENE  
STREET ADDRESS 2014 7TH COURT  
CITY-ST-ZIP LAKE WORTH FL 33461

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME VALENTIN, CARMEN  
STREET ADDRESS 940 ALAMANDA ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Carmen Valentin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-99  
Date

561-655-6462  
Daytime Phone #

CR2E037 (11/98)