

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000007358**

1. Entity Name

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

Principal Place of Business

Mailing Address

P O BOX 696
BELLE GLADE FL 33430P O BOX 696
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**MOORE-SMITH, CORETHA
548 SW 5TH ST
BELLE GLADE FL 33430**

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	D	<input type="checkbox"/> Delete
NAME	MOORE-SMITH, CORETHA	
STREET ADDRESS	625 SW 9TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMPSEY, GAYL	
STREET ADDRESS	1618 LIND LOU DRIVE	
CITY-ST-ZIP	WET PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERSON, APRIL	
STREET ADDRESS	900 54TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARBURTON, SUSAN	
STREET ADDRESS	3713 MIL LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33488	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, MARLENE	
STREET ADDRESS	2014 7TH COURT	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTIN, CARMEN	
STREET ADDRESS	940 ALAMANDA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 561-996-1600

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 004 *****61.25

000540



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)