

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000590

1. Entity Name

PALM BEACH CHRISTIAN WOMEN'S TEA CLUB INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90040 024 ****70.00

Principal Place of Business

P.O. BOX 811
 JUPITER FL 33468

Mailing Address

P.O. BOX 811
 JUPITER FL 33468

2. Principal Place of Business

106 Banyan Circle

3. Mailing Address

PO BOX 811

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jupiter, FL 33468

City & State
 Jupiter, FL

City & State
 Jupiter FL 33468

33458

Country
 US

Zip
 33468

Country
 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAOUS, ODALYS
 106 BANYAN CIRCLE
 JUPITER FL 33458

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Odaly Casus

non-profit Orgam.

9/1/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penelope Cole 110 BANYAN CIRCLE JUPITER, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Consuelo Di Palo 1108 Sioux St Jupiter FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miriam Hronec 144 Cypress Cove Jupiter, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Kiernan 305 Worth Avenue Palm Beach, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Odaly Casus 106 Banyan Circle Jupiter, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/2000

561 743 3426

Date

Daytime Phone #

CR2E037 (5/00)