## Entity Name: SOROPTIMIST INTERNATIONAL OF THE PALM BEACHES, INC. Current Principal Place of Business: 509 INDIGO AVE WELLINGTON, FL 33414 Current Mailing Address: 509 INDIGO AVE WELLINGTON, FL 33414 US FEI Number: 38-3665571 Certifical Name and Address of Current Registered Agent: IHO, CATHLEEN 509 INDIGO AVE WELLINGTON, FL 33414 US

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005133

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

	Title	Ρ	Title	VP
	Name	PEASE, KATHI	Name	CATHLEEN, IHO
	Address	220 TAMOSHANTER DR	Address	509 INDIGO AVE
	City-State-Zip:	PALM SPRINGS FL 33461	City-State-Zip:	WELLINGTON FL 33414
	Title	т	Title	EXECUTIVE SECRETARY
	Name	STEIN, BEVERLY	Name	DECATREL, ANN
	Address	243 BRANDYWINE COURT	Address	118 DOVE CIRCLE
	City-State-Zip:	ROYAL PALM BEACH FL 33411	City-State-Zip:	ROYAL PALM BEACH FL 33411
	Title	D	Title	DIRECTOR
	Name	GARRETT, GLENDA	Name	CONNERS, NIKI
	Address	1532 40TH ST	Address	2200 SPRINGFIELD BLVD L102
	City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	PALM SPRINGS FL 33461

I hereby 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 all other like empowered.

SIGNATURE: CATHLEEN BRADY IHO

VICE PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date