

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004840

Entity Name: WOMEN'S HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

Current Mailing Address:

100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

FEI Number: 27-2773841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCKMAN, MEREDITH
100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 US

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

Officer/Director Detail :

Title D
Name SCHWARZBERG, DEBORAH
Address 100 NORTHPOINT PARKWAY
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name CLARKE, KAREN
Address 100 NORTHPOINT PARKWAY
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name BERRY, CONNIE
Address 100 NORTHPOINT PARKWAY
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name LIEBMAN, PATRICIA MSW
Address 100 NORTHPOINT PARKWAY
City-State-Zip: WEST PALM BEACH FL 33407

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: DEBORAH SCHWARZBERG

OFFICER

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date