

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719190** (1)
1. Corporation Name
NORTHWEST FEDERATED WOMAN'S CLUB OF BROWARD COUNTY, INC.



Principal Place of Business: 2161 N.W. 19TH STREET FT LAUDERDALE FL 33311
Mailing Address: 2161 N.W. 19TH STREET FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **08/26/1970**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **23-7113192**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WILLIAMS, THEODORA 444 N.W. 18 AVE. FT LAUDERDALE FL 33311**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (85) Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD BARNES, JOHNNIE M <input checked="" type="checkbox"/> DELETE <i>Deceased</i>	11 TITLE	FS McElvy, Julia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2471 NW 16TH STREET	12 NAME	3031 N.W. 7TH Street
STREET ADDRESS	FT LAUDERDALE, FL 00000	13 STREET ADDRESS	FT Lauderdale, Fla 33311
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD BONNER, BESSIE <input type="checkbox"/> DELETE	21 TITLE	TD WILLIAMS, EULA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	103801 NW 42ND ROAD	22 NAME	670 NW 3RD AVENUE
STREET ADDRESS	CORAL SPRINGS FL	23 STREET ADDRESS	FT LAUDERDALE, FL 33311
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	VD HANKERSON, GWENDOLYN <input type="checkbox"/> DELETE	31 TITLE	T WILLIAMS, LETTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3435 NW 29TH STREET	32 NAME	1631 NW 26TH TERRACE
STREET ADDRESS	FT. LAUDERDALE FL	33 STREET ADDRESS	FT LAUDERDALE, FL 33311
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	V GILLINS, SYLVIA <input type="checkbox"/> DELETE	41 TITLE	
NAME	419 NW 17TH AVENUE	42 NAME	
STREET ADDRESS	FT LAUDERDALE FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	S GREGORY, PEARL <input type="checkbox"/> DELETE	51 TITLE	1100000757011
NAME	2481 NW 30 TERR	52 NAME	03/26/95--01075--000
STREET ADDRESS	FT LAUDERDALE FL	53 STREET ADDRESS	**61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Julia McElvy* *Julia McElvy* **2-8-96** **954-583-7399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)