

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90081 046 ****70.00

DOCUMENT # 719190

1. Entity Name

NORTHWEST FEDERATED WOMAN'S CLUB OF BROWARD COUN

Principal Place of Business

Mailing Address

2161 N.W. 19TH STREET
 FT LAUDERDALE FL 33311

P.O. BOX 5622
 FT LAUDERDALE FL 33310-5622
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7113192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, THEODORA
6421 NORTHWEST 54TH CT
LAUDERHILL FL 33319

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	DT	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, RUBY	
STREET ADDRESS	1536 NW 12TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, ALMA	
STREET ADDRESS	2871 NW 24TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEETA	
STREET ADDRESS	1631 NW 26TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHISHOM, PANCHITA	
STREET ADDRESS	1241 NW 24TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, EULA	
STREET ADDRESS	670 NW 38TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	MCELVY, JULIA	
STREET ADDRESS	3031 N.W. 7TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	DT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMACITA S. BRYANT		T.W.
STREET ADDRESS	2840 NW 19TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		
TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARL GREGORY		
STREET ADDRESS	2871 N.W. 24TH COURT		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIE MAE WILLIAMS		
STREET ADDRESS	3304 N.W. 37TH AVENUE		
CITY-ST-ZIP	Lauderdale Lakes, FL 33311		

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: *Thomacita S. Bryant* THOMACITA S. BRYANT 1/21/00 (954) 733-2088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)