


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90054 035 ****70.00

DOCUMENT # 719190
1. Entity 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
**P.O. BOX 5622
FT LAUDERDALE FL 33310-5622
US**

24018566



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
23-7113192

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, THEODORA
6421 NORTHWEST 54TH CT
LAUDERHILL FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	BRYANT, THOMACITA S	
STREET ADDRESS	2840 NW 19TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOODY, MATTIE	
STREET ADDRESS	2500 NW 30TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MCCRAY, JOHNNIE	
STREET ADDRESS	527 NW 18TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHISHOM, PANCHITA	
STREET ADDRESS	1241 NW 24TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCOTT, BERNICE	
STREET ADDRESS	3840 NW 7TH CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	FS	<input type="checkbox"/> Delete
NAME	VANS, OLIVIA	
STREET ADDRESS	1306 NW 15TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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: Theodora Williams 3/1/04 (954) 746-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #