

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90043 022 ****70.00

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1st MOORE CR2E037 (10/04)

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PEARL V. CANADY 2342 NW 13th Street FT. LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name PEARL V. CANADY Street Address (P.O. Box Number is Not Acceptable) 2342 N.W. 13th STREET FT. LAUDERDALE, FL 33311 City FT. LAUDERDALE FL Zip Code 33311	
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 <i>Pearl V. Canady</i> DATE APRIL 4, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW. FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYANT, THOMACITA S 2840 NW 19TH COURT FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, SANDRA 1930 NW 5th WAY POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOODY, MATTIE 2500 NW 30TH WAY FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MC ELVY, JULIA 3491 NW 2ND STREET FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCCRAY, JOHNNIE 527 NW 18TH AVENUE FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING-BRUCE, MAUDE 1764 NW 7th AVENUE PLANTATION, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHISHOM, PANCHITA 1241 NW 24TH AVE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, BERNICE 3840 NW 7TH CT FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS VANS, OLIVIA 1308 NW 15TH ST FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Pearl V. Canady</i>		Date 4/4/05 Daytime Phone # 954) 316-8200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			