

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 737194 (1)

1. Corporation Name

BROWARD INTERNATIONAL WOMEN'S CLUB, INC.



Principal Place of Business

320 SE 9 STREET
FT LAUDERDALE FL 33316

Mailing Address

320 SE 9 STREET
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
11/01/1976

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1730444

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLASS, GEORGETTE SOSA
320 SE 9 STREET
FT. LAUDERDALE, FL 33316

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLASS, GEORGETTE SOSA	
STREET ADDRESS	320 SE 9 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LA FLEUR, KAREN	
STREET ADDRESS	1016 SW 5 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VD2	<input checked="" type="checkbox"/> DELETE
NAME	LICHTINGER, RINA	
STREET ADDRESS	2880 NE 55TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LISTON, SUSANA	
STREET ADDRESS	1910 NE 56 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ANN	
STREET ADDRESS	7480 SW 5 ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, JANET	
STREET ADDRESS	7440 SW 15 ST.	
CITY-ST-ZIP	PLANTATION FL 33317	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brady, Janet	
13 STREET ADDRESS	7440 SW 15 st.	
14 CITY-ST-ZIP	Plantation FL 33317	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DOUGLASS, GEORGETTE SOSA	
23 STREET ADDRESS	320 SE 9 st.	
24 CITY-ST-ZIP	Ft. Lauderdale FL 33316-1128	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Pinella, Zarina	
33 STREET ADDRESS	24 Sarnac Rd	
34 CITY-ST-ZIP	Sea Ranch Lakes FL 33308	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mirza, Noorina	
43 STREET ADDRESS	3021 NE 44 st.	
44 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Berlitz, Valerie	
53 STREET ADDRESS	2816 NE 25 ct.	
54 CITY-ST-ZIP	Ft. Lauderdale FL 33305-1713	
61 TITLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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: *Georgette Sosa Douglass* vice president 3-1-96 954-768-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)