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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737194 ✓

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/01/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1730444
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIRZA, NOORINA	
STREET ADDRESS	3021 NE 44TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NAGLE, MARGIE	
STREET ADDRESS	3850 GALT OCEAN DR, #911	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORRIS, BERNADINE	
STREET ADDRESS	161 SE 12TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUREL, ANNE-MARIE	
STREET ADDRESS	3850 GALT OCEAN DR, #N-901	
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 type="checkbox"/> DELETE
NAME	BERLITZ, VALERIE	
STREET ADDRESS	2816 NE 25TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Noor Mirza **SIGNATURE REQUIRED** 8-27-99 7680046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)