


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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 019 ****61.25

DOCUMENT # 737194					
1. Entity Name BROWARD INTERNATIONAL WOMEN'S CLUB, INC.					
Principal Place of Business 1237 SW 149 LANE SUNRISE FL 33326			Mailing Address 1237 SW 149 LANE SUNRISE FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1730444	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BESCH, ANGELA R 1237 S.W. 149 LANE SUNRISE FL 33326			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 <u>Angela R. Besch</u>			DATE <u>11/27/2004</u>		
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. <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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIOLA, ANA R		NAME	MARVASSO, RORA	
STREET ADDRESS	2611 OAKBROOKE COURT		STREET ADDRESS	16721 HARBOR COURT	
CITY-ST-ZIP	WESTON FL 33332		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, LINDSAY		NAME	ERKEK, MARU	
STREET ADDRESS	6532 VIA ROSA		STREET ADDRESS	478 STONE MONT DR.	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOLT, ULE		NAME	VAN HOLT, UTE	
STREET ADDRESS	681 SPINNAKER		STREET ADDRESS	681 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, ANNE-MARIE		NAME	GRIFFIN, ANNE-MARIE	
STREET ADDRESS	3850 GALT OCEAN DRIVE #901		STREET ADDRESS	3250 GALT OCEAN DRIVE #901	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALSECCHI, CHANTAL		NAME	VALSECCHI, CHANTAL	
STREET ADDRESS	2790 NE 57TH STREET		STREET ADDRESS	2790 NE 57TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESCH, ANGELA R		NAME	HUNT, WONSOOK K.	
STREET ADDRESS	1237 SW 149 LANE		STREET ADDRESS	1740 ASPEN LANE	
CITY-ST-ZIP	SUNRISE FL 33326		CITY-ST-ZIP	WESTON FL 33327	
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: <u>Ute van Holt Ute van Hoet</u>			Date <u>01/27/04</u> Daytime Phone # <u>954-384-7646</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		