

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737194

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: BROWARD INTERNATIONAL WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

1237 SW 149 LANE  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1237 SW 149 LANE  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number: 59-1730444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BESCH, ANGELA R  
1237 S.W. 149 LANE  
SUNRISE, FL 33326      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MARVASSO, RORA  
Address: 16721 HARBOR COURT  
City-St-Zip: WESTON, FL 33326

Title: DV      ( ) Delete  
Name: ERNEKR, MARU  
Address: 478 STONE MONT DR.  
City-St-Zip: WESTON, FL 33326

Title: TD      ( ) Delete  
Name: VAN HOLT, UTE  
Address: 681 SPINNAKER  
City-St-Zip: WESTON, FL 33326

Title: SD      ( ) Delete  
Name: SRIFFIN, ANNE-MARIE  
Address: 3850 GALT OCEAN DRIVE #901  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D      ( ) Delete  
Name: VALSECCHI, CHANTAL  
Address: 2790 NE 57TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D      ( ) Delete  
Name: HUNT, WONSOOK K  
Address: 1740 ASPEN LANE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: GRIFFIN, ANNE-MARIE  
Address: 3850 GALT OCEAN DRIVE #901  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UTE VAN HOLT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TD

01/18/2005

\_\_\_\_\_  
Date