


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004131
 1. Entity Name
WEST BOCA WOMEN OF THE MOOSE #2273 INC.



Principal Place of Business Mailing Address
131 N. POWERLINE ROAD **131 N. POWERLINE ROAD**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
26-0079801 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRELSFORD, DAINNE
131 N. POWERLINE ROAD
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature of officer or director, name of registered agent, and title if applicable. (NOTE: Registered Agent signature is required when registering.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, SUSAN			NAME			
STREET ADDRESS	131 N. POWERLINE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP	U00000836960 03/04/08-80037-018 61.25		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOLTZ, PAT			NAME			
STREET ADDRESS	131 N. POWERLINE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRESFORD, DIANNE			NAME			
STREET ADDRESS	131 N. POWERLINE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WERNER, BARBARA			NAME			
STREET ADDRESS	131 N POWERLINE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCELLI, JANE			NAME			
STREET ADDRESS	131 N POWERLINE RD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dianne Brelsford* 2/18/08 954-425-0710