

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719190

**Entity Name:** NORTHWEST FEDERATED WOMANS CLUB OF BROWARD COUNTY, INC.

**FILED**  
**Feb 19, 2016**  
**Secretary of State**  
**CC0515700322**

**Current Principal Place of Business:**

2161 N.W. 19TH STREET  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

P.O. BOX 5622  
FT LAUDERDALE, FL 33310-5622 US

**FEI Number: 23-7113192**

**Certificate of Status Desired: No**

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

OWENS, ADDIE S  
2161 N.W. 19TH STREET  
FT LAUDERDALE, FL 33311 US

*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:** ADDIE SANDERS OWENS

02/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FSEC  
Name MATTHEWS, CAROLYN  
Address 4191 NORTHWEST 35TH AVENUE  
City-State-Zip: LAUDERDALE LAKES FL 33309

Title PRESIDENT  
Name OWENS, ADDIE S  
Address 1149 NORTHWEST 41ST TERRACE  
City-State-Zip: LAUDERHILL FL 33313

Title 1VPT  
Name MATTHEWS, CAROLYN  
Address 4191 NW 35TH AVENUE  
City-State-Zip: LAUDERDALE LAKES FL 33309

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLYN MATTHEWS

1ST VICE PRES.

02/19/2016

Electronic Signature of Signing Officer/Director Detail

Date