2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 719190

Entity Name: NORTHWEST FEDERATED WOMANS CLUB OF BROWARD

COUNTY, INC.

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:

JONES, PATRICIA D 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: PATRICIA D JONES 05/02/2018

Electronic Signature of Registered Agent

Date

FILED

May 02, 2018

Secretary of State CC7612010703

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 1ST VICE PRESIDENT

 Name
 JONES, PATRICIA D
 Name
 JONES, MONIQUE L DR.

Address 2161 NORTHWEST 19TH STREET Address 2161 NORTHWEST 19TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title 2ND VICE PRESIDENT Title 3RD VICE PRESIDENT
Name RUSS-MILLIGAN, MARY Name MOODY, MATTIE

Address 2161 NORTHWEST 19TH STREET Address 2161 NORTHWEST 19TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title RECORDING SECRETARY Title ASSISTANT RECORDING SECRETARY

Name THOMPSON, LATOYA Name BONAPARTE, TOWANA

Address 2161 NORTHWEST 19TH STREET Address 2161 NORTHWEST 19TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title TREASURER Title FINANCIAL SECRETARY

Name BATTLE, MOZELL Name VANS, OLIVIA

Address 2161 NORTHWEST 19TH STREET Address 2161 NORTHWEST 19TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

City-State-Zip: FORT LAUDERDALE FL 33311

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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: PATRICIA D JONES PRESIDENT 05/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitlePARLIAMENTARIANTitleHISTORIANNameAUSTIN, MARGUERITENameMCELVY, JULIA

Address 2161 NORTHWEST 19 STREET Address 2161 NORTHWEST 19 STREET

City-State-Zip: FORT LAUDERDALE FL 33311

City-State-Zip: FORT LAUDERDALE FL 33311

Title REPORTER Title CORRESPONDING SECRETARY

Name MORGAN, LAURIE Name RILES, DIANE

Address 2161 NORTHWEST 19TH STREET Address 2161 NORTHWEST 19TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

City-State-Zip: FORT LAUDERDALE FL 33311