

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719190

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

FILED
Apr 02, 2019
Secretary of State
0663498808CC

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

04/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JONES, PATRICIA D
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title 1ST VICE PRESIDENT
Name JONES, MONIQUE L DR.
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title 2ND VICE PRESIDENT
Name RUSS-MILLIGAN, MARY
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title RECORDING SECRETARY
Name THOMPSON, LATOYA
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title ASSISTANT RECORDING SECRETARY
Name BONAPARTE, TOWANA
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title TREASURER
Name BATTLE, MOZELL
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title FINANCIAL SECRETARY
Name VANS, OLIVIA
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title PARLIAMENTARIAN
Name AUSTIN, MARGUERITE
Address 2161 NORTHWEST 19 STREET
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

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title HISTORIAN
Name MCELVY, JULIA
Address 2161 NORTHWEST 19 STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title REPORTER
Name MORGAN, LAURIE
Address 2161 NORTHWEST 19TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311