

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737194

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC7509674610**

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

**Current Principal Place of Business:**

5960 NE 28 AVE  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

5960 NE 28 AVE  
FORT LAUDERDALE, FL 33308

**FEI Number: 59-1730444**

**Certificate of Status Desired: No**

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

NIEHAUS, JACQUELINE  
5960 NE 28 AVE  
FORT LAUDERDALE, FL 33308 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRADY, JANET  
Address        7440 SW 15TH STREET  
City-State-Zip: PLANTATION FL 33317

Title            CORRESPONDING SECRETARY  
Name            BOHABOT, ANA  
Address        4709 GRAPEVINE WAY  
City-State-Zip: DAVIE FL 33331

Title            RECORDING SECRETARY  
Name            JARGIELLO, CLAIRE  
Address        1037 POPLAR CIRCLE  
City-State-Zip: WESTON FL 33326

Title            ADVISER  
Name            LINARES, LEONOR  
Address        11586 NW 5TH STREET  
City-State-Zip: CORAL SPRINGS FL 33071

Title            SECOND VICE PRESIDENT -  
MEMBERSHIP  
Name            SALGADO, MARIA E  
Address        101 S. FORT LAUDERDALE BEACH  
BLV  
1505  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            TREASURER  
Name            DE WEEVER, MONA M  
Address        PO BOX 15531  
City-State-Zip: PLANTATION FL 33318

Title            SOCIAL COMMITTEE  
Name            BRITTON, NINA  
Address        1500 S OCEAN DRIVE  
#8E  
City-State-Zip: HOLLYWOOD FL 33019

Title            TELEPHONE COMMITTEE  
Name            FRIEDMAN, PATRICIA  
Address        5300 WASHINGTON STREET  
APT G 227  
City-State-Zip: HOLLYWOOD FL 33021

**Continues on page 2**

*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: MONA M DE WEEVER**

**TREASURER**

**01/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title PUBLIC RELATIONS  
Name LAFONT, GLORIA  
Address 9215 NW 9TH PLACE  
City-State-Zip: PLANTATION FL 33324

Title ADVISER  
Name MARVASSO, RORA  
Address 16721 HARBOR COURT  
City-State-Zip: FORT LAUDERDALE FL 33326