

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737194

**FILED**  
**Jan 17, 2022**  
**Secretary of State**  
**9194504863CC**

**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 SECOND VICE-PRESIDENT  
(MEMBERSHIP)  
Name BRADY, JANET  
Address 7440 SW 15TH STREET  
City-State-Zip: PLANTATION FL 33317

Title SCHOLARSHIP CHAIR  
Name PARRA, ALEJANDRA  
Address 1601 NE 48TH COURT  
City-State-Zip: OAKLAND PARK FL 33334

Title PRESIDENT  
Name MCPHERSON, WINNIFRED  
Address 2681 NW 44TH TERRACE  
City-State-Zip: LAUDERHILL FL 33313

Title TREASURER  
Name MUVINGI, ANGELA N  
Address 11186 NW 21ST STREET  
City-State-Zip: CORAL SPRINGS FL 33071

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

Title TELEPHONE COMMITTEE CHAIR  
Name FREDERICKS, GLORIA  
Address 1500 S OCEAN DRIVE  
# 8J  
City-State-Zip: HOLLYWOOD FL 33019

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

Title ADVISOR  
Name MARVASSO, RORA  
Address 16721 HARBOR COURT  
City-State-Zip: WESTON FL 33326

**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: ANGELA MUVINGI**

**TREASURER**

**01/17/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            RECORDING SECRETARY  
Name            THEPHASIT, SAMITA  
Address        30 NE 48TH STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title            CORRESPONDING SECRETARY  
Name            CHOHAAN, SAMINA  
Address        4847 SW 195TH TERRACE  
City-State-Zip: MIRAMAR FL 33029

Title            FIRST VICE-PRESIDENT (WAYS AND MEANS)  
Name            AMUNDSON, BETTY  
Address        895 SPOONBILL CIRCLE  
City-State-Zip: WESTON FL 33326