

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719190

FILED
Apr 02, 2009
Secretary of State

Entity Name: NORTHWEST FEDERATED WOMAN'S CLUB OF BROWARD COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5622
FT LAUDERDALE, FL 333105622 US

New Mailing Address:

FEI Number: 23-7113192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCELVY, JULIA G
3491 NW 2ND STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: KING, SANDRA
Address: 1930 NW 5TH WAY
City-St-Zip: POMPAHO BEACH, FL 33060

Title: 1VPR () Delete
Name: MOODY, MATTIE
Address: 2500 NW 30TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SEC () Delete
Name: THOMACITA, BRYANT
Address: 2840 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: FSEC () Delete
Name: VANS, OLIVIA
Address: 1306 NW 15TH STREET
City-St-Zip: FT LAUDERDALE, FL

Title: CSEC () Delete
Name: WILLIAMS, THEODORA
Address: 6421 NW 54TH COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: PRES () Delete
Name: MCCLVY, JULIA
Address: 3491 NW 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIA MCCLVY

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date