


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 027 \*\*\*\*61.25

<b>DOCUMENT # N00169</b>					
1. Entity Name BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.					
Principal Place of Business 2425 E COMMERCIAL BLVD #201 FORT LAUDERDALE, FL 33308 US			Mailing Address 2425 E COMMERCIAL BLVD #201 FORT LAUDERDALE, FL 33308 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2756174	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEINER, LAURA R., CPA 2425 E COMMERCIAL BLVD SUITE 201 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENGEL, LIZ		NAME	Landy, Nanci	
STREET ADDRESS	27 E. PROSPECT ROAD		STREET ADDRESS	801 NE 167th St. 2nd Floor	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASKEL, SANDE		NAME	Sheila Tobier	
STREET ADDRESS	3010 OAKTREE LANE		STREET ADDRESS	6761 W. Sunrise Blvd. Ste 3	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Plantation, FL 33313	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERRAIR, MICHELE		NAME	Rachael Bender	
STREET ADDRESS	7475 W. SAMPLE ROAD		STREET ADDRESS	319 NE 19th Ave.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDY, NANCY		NAME	Susan Gingerich	
STREET ADDRESS	801 N.E. 167TH ST., 2ND FLOOR		STREET ADDRESS	1409 Banyan Circle	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  Rachael Bender, Treasurer 4/18/05 954-294-1054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #