

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00169

FILED
Jan 20, 2009
Secretary of State

Entity Name: BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.

Current Principal Place of Business:

2425 E COMMERCIAL BLVD
#201
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2425 E COMMERCIAL BLVD
#201
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-2756174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEINER, LAURA R., CPA
2425 E COMMERCIAL BLVD
SUITE 201
FORT LAUDERDALE, FL 33308 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: PD () Delete
Name: SUPPE, JULIA
Address: 825 NW 61ST
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD () Delete
Name: IDAVIA, JOLIE
Address: 6259 W SUNRISE BLVD STE 262
City-St-Zip: SUNRISE, FL 33313

Title: SD () Delete
Name: MEISTER, SUSAN
Address: 8095 W OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: GOLDBERG GLAZER, STEPHANIE
Address: 1024 SCARLET OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

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: STEPHANIE GOLDBERG GLAZER

TD

01/20/2009

Electronic Signature of Signing Officer or Director

Date