

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00169

FILED
Jan 20, 2012
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:

1440 CORAL RIDGE DRIVE
SUITE 376
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

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

New Mailing Address:

1440 CORAL RIDGE DRIVE
SUITE 376
CORAL SPRINGS, FL 33071 US

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
Name: CATALUNA-SHAND, MONICA
Address: 2893 EXECUTIVE PARK DR SUITE 304
City-St-Zip: WESTON, FL 33331

Title: TD
Name: WECHSLER, CAROL
Address: 1440 CORAL RIDGE DRIVE, STE. 376
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD
Name: NOVAK, DEANNA
Address: PO BOX 16115
City-St-Zip: PLANTATION, FL 33318

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: MONICA CATALUNA-SHAND

PD

01/20/2012

Electronic Signature of Signing Officer or Director

Date