

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000194

1. Entity Name

WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF
BROWARD COUNTY, INC.



Principal Place of Business

1611 NW 12TH AVENUE
MIAMI FL 33161

Mailing Address

P.O. BOX 81 3479
HOLLYWOOD FL 33081



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-1119137

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANFORD, RENEE
1611 NW 12TH AVENUE
MIAMI FL 33161

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

Renee A. Stanford

6-3-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: For elected Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BORKOWSKI, NANCY
STREET ADDRESS 16400 NW 37 AVE
CITY-ST-ZIP MIAMI GARDENS FL 33054

TITLE VD ☐ Delete
NAME PEREZ, BARBARA A
STREET ADDRESS 1611 NW 12 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE VD ☐ Delete
NAME STANFORD, RENEE
STREET ADDRESS 1611 NW 12 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE SD ☐ Delete
NAME PETRAITIS, LOUISE
STREET ADDRESS 1531 W PALMETTO PARK BLVD
CITY-ST-ZIP BOCA RATON DALE FL 33486

TITLE D ☐ Delete
NAME PARK, BYUNG
STREET ADDRESS 1611 NW 12 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME UD00000352894
STREET ADDRESS 06/09/08-80001-007 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Renee A. Stanford

6-3-08