

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000460

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** BROWARD COUNTY WOMEN'S AMATEUR CHAMPIONSHIP, INC.

**Current Principal Place of Business:**

64 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

64 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 65-1077844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATCLIFFE, CAROLE R  
64 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316 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:** P  
**Name:** RATCLIFFE, CAROLE R  
**Address:** 64 ISLA BAHIA DR  
**City-St-Zip:** FT LAUDERDALE, FL 33316 US

**Title:** O  
**Name:** WEBER, MARIANNE  
**Address:** 1 SENECA RD  
**City-St-Zip:** FT LAUDERDALE, FL 33308 US

**Title:** O  
**Name:** SPONDER, LESLIE  
**Address:** 5311 SW 117 TERRACE  
**City-St-Zip:** COOPER CITY, FL 33330 US

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:** MARIANNE WEBER

O

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date