

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005986

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: CHRISTIAN WOMEN'S CLUB, CORP.

**Current Principal Place of Business:**

9986 NW 52ND ST  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

9986 NW 52ND ST  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-1132553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, BRILLA L  
9986 NW 52ND ST  
SUNRISE, FL 33351 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: PRES ( ) Delete  
Name: COATS, SHIRLEY A  
Address: 18940 NW 27TH AVE. #205  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP ( ) Delete  
Name: SMITH, BRILLA L  
Address: 9986 N.W. 52ND ST.  
City-St-Zip: SUNRISE, FL 33351

Title: TREA ( ) Delete  
Name: KING, SANDRA  
Address: 19800 N.W. 33RD AVE.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SECT ( ) Delete  
Name: WALKER, NICOLE  
Address: 19511 E. OAKMONT DR.  
City-St-Zip: HIALEAH, FL 33015

Title: SGT ( ) Delete  
Name: ADAMS, DELORES  
Address: 4940 SW 18TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: COATS, SHIRLEY A  
Address: 203 FISHERMAN ST., #144  
City-St-Zip: OA-LOCKA, FL 33054

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

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

Title: SECT (X) Change ( ) Addition  
Name: DURDEN, TONIA  
Address: 3284 FOXCROFT RD., BLDG. 15 #305  
City-St-Zip: MIRAMAR, FL 33025

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: BRILLA L SMITH

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date