## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007193

FILED Apr 10, 2006 Secretary of State

Entity Name: BROWARD WOMEN'S EMERGENCY FUND, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1965 S. OCEAN DR., APT. 17S HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 1965 S. OCEAN DR., APT. 17S HALLANDALE, FL 33009 FEI Number: 01-0792931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLLOCK, CLARICE 1965 S. OĆEAN DR., APT. 17S HALLANDALE, FL 33009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition POLLOCK, CLARICE Name: Name: 1965 S. OCEAN DR., APT. 17S Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: CAPOBIANCO, MARY Name: TOLOMEO, CAROLE Address: 8695 NW 24TH CPURT Address: 3150 HOLIDAY SPRINGS BLVD, BLDG 8 APT 111 City-St-Zip: SUNRISE, FL 33322 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: () Change () Addition STERNER, JOANNE Name: Name: 2215 CYPRESS ISLAND DR #603 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition HERRING, BARBARA Name: Name: HERRING, BARBARA Address: 6681 N.E. 21 AVE. Address: 6681 N.E. 21 AVE. City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: FT. LAUDERDALE, FL 33308 Title: () Delete Title: ( ) Change (X) Addition DAVIDSON, MAGGIE Name: Name: 750 PINE DRIVE APT 11 Address: Address: City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 Title: () Delete Title: ( ) Change (X) Addition SEABRIGHT, CAROLINE Name: Name: Address: Address: 757 SE 17TH COURT #839 FORT LAUDERDALE, FL 33316 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANNE STERNER T 04/10/2006