

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007193

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

1965 S. OCEAN DR., APT. 17S
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1965 S. OCEAN DR., APT. 17S
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 01-0792931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, CLARICE
1965 S. OCEAN DR., APT. 17S
HALLANDALE, FL 33009 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 () Delete
Name: POLLOCK, CLARICE
Address: 1965 S. OCEAN DR., APT. 17S
City-St-Zip: HALLANDALE, FL 33009

Title: V () Delete
Name: TOLOMEO, CAROLE
Address: 3150 HOLIDAY SPRINGS BLVD. BLDG 8 APT 111
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: STERNER, JOANNE
Address: 2215 CYPRESS ISLAND DR #603
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: DAVIDSON, MAGGIE
Address: 750 PINE DRIVE APT 11
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOANNE STERNER

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01/16/2009

Electronic Signature of Signing Officer or Director

Date