

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009086

FILED
Apr 28, 2005
Secretary of State

Entity Name: BROWARD COUNTY BUSINESS & PROFESSIONAL WOMEN'S NETWORK, INC.

Current Principal Place of Business:

8841 LONGACRE DR.
MIRAMAR, FL 33025

New Principal Place of Business:

8841 W. LONG ACRE DR.
MIRAMAR, FL 33025

Current Mailing Address:

8841 LONGACRE DR.
MIRAMAR, FL 33025

New Mailing Address:

8841 W. LONG ACRE DR.
MIRAMAR, FL 33025

FEI Number: 20-0941587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCPHEE-MOORMAN, ANN
8841 LONGACRE DR.
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

MCPHEE-MOORMAN, ANN
8841 W. LONG ACRE DR.
MIRAMAR, FL 33025 US

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: _____

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCPHEE-MOORMAN, ANN
Address: 8841 LONGACRE DR.
City-St-Zip: MIRAMAR, FL 33025

Title: V () Delete
Name: BERNADINE, BUSH
Address: 3015 NW 49TH STREET
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: THOMAS, ARNETHA
Address: 8841 LONGACRE DR.
City-St-Zip: MIRAMAR, FL 33025

Title: FS () Delete
Name: FELTON, ROBERTA
Address: 8841 LONGACRE DR.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCPHEE-MOORMAN, ANN
Address: 8841 W. LONG ACRE DR.
City-St-Zip: MIRAMAR, FL 33025

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

Title: V (X) Change () Addition
Name: THOMAS, ARNETHA
Address: 8841 W. LONG ACRE DR.
City-St-Zip: MIRAMAR, FL 33025

Title: FS (X) Change () Addition
Name: FELTON, ROBERTA
Address: 8841 W. LONG ACRE DR.
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN MCPHEE-MOORMAN

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date