

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009086

FILED  
Apr 30, 2006  
Secretary of State

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

**Current Principal Place of Business:**

8841 W. LONG ACRE DR.  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**  
8841 W. LONG ACRE DR.  
MIRAMAR, FL 33025

**New Mailing Address:**

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 W. LONG ACRE DR.  
MIRAMAR, FL 33025 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: MCPHEE-MOORMAN, ANN  
Address: 8841 W. LONG ACRE 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 W. LONG ACRE DR.  
City-St-Zip: MIRAMAR, FL 33025

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

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

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

Title: V (X) Change ( ) Addition  
Name: EMANUEL, DANDRED  
Address: 9400 CHELSEA DRIVE  
City-St-Zip: MIRAMAR, FL 33025

Title: V (X) Change ( ) Addition  
Name: ARRIETA, JOYCE  
Address: 265 NE 159 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MCPHEE-MOORMAN, ANN

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date