

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011342

FILED
May 02, 2010
Secretary of State

Entity Name: BROWARD COUNTY WOMEN'S CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2425 EAST COMMERCIAL BLVD.
SUITE 103
FORT LAUDERDALE, 33308 US

New Principal Place of Business:

2425 EAST COMMERCIAL BLVD.
SUITE 103
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

2425 EAST COMMERCIAL BLVD.
SUITE 103
FORT LAUDERDALE, 33308 US

New Mailing Address:

2425 EAST COMMERCIAL BLVD.
SUITE 103
FORT LAUDERDALE, FL 33308 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, LEVI G
200 SE 13TH ST
FORT LAUDERDALE, FL 33308 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: ZOLNOWSKI, LAWRENCE A
Address: 2425 EAST COMMERCIAL BLVD SUITE 103
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP
Name: ZOLNOWSKI, TERESA E
Address: 2425 EAST COMMERCIAL BLVD. SUITE 103
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP
Name: VELASQUEZ, CARLLEEN
Address: 2425 EAST COMMERCIAL BLVD SUITE 103
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE ZOLNOWSKI

PRES

05/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date