

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17798 (2)
1. Corporation Name
THE NORTH BROWARD FEDERATED WOMEN'S CLUB, INC.



Principal Place of Business
**1504 N.W. 3 WAY
POMPANO BEACH FL 33060**

Mailing Address
**1504 N.W. 3 WAY
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified
11/17/1986

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2774066

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**KENNEDY, IRENE
1504 NW 3 WAY
POMPANO BCH FL 33060**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE
NAME **LEGRIER, LOUISE**
STREET ADDRESS **283 NW 2 STR**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **P** ☐ DELETE
NAME **KENNEDY, IRENE**
STREET ADDRESS **1504 N.W. 3RD WAY**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **FSD** ☐ DELETE
NAME **SCRUGGS, LUCILLE**
STREET ADDRESS **640 N.W. 15TH MANOR**
CITY-ST-ZIP **POMAPNO BEACH FL**

TITLE **DCS** ☐ DELETE
NAME **JOHNSON, CATHERINE**
STREET ADDRESS **1576 N.W. 7TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **TD** ☐ DELETE
NAME **COOPER, CHERIAN**
STREET ADDRESS **222 N.W. 10TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **Grisham, Fannie P.**
1.3 STREET ADDRESS **407 N.W. 4th Ave**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33060**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Irene Kennedy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 **954-943-8340**
Date Daytime Phone #

CR2E037 (12/95)