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FILED

Apr 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

407 N.W. 4th Ave

POMPAÑO BEACH FL 33060

Mailing Address

407 N.W. 4th Ave

POMPAÑO BEACH FL 33060-0000

3. Date Incorporated or Qualified  
11/17/19863a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number  
59-2774066Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KENNEDY, IRENE  
1504 NW 3 WAY  
POMPAÑO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name Fannie P. Grisham

82 Street Address (P.O. Box Number is Not Acceptable)

407 N.W. 4th Ave.

83

84 City Pompano Beach FL 85 Zip Code 33060

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 Fannie P. Grisham

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

Fannie P. Grisham

(NOTE: Registered Agent signature required when reinstating)

4/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME GRISHAM, FANNIE P.  
STREET ADDRESS 407 N.W. 4TH AVENUE  
CITY - ST - ZIP POMPAÑO BEACH FL

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres.  
1.2 NAME Fannie P. Grisham  
1.3 STREET ADDRESS 407 N.W. 4th Avenue  
1.4 CITY - ST - ZIP Pompano Beach, FL 33060

Change Addition

2.1 TITLE Vice President  
2.2 NAME Theresa Holland  
2.3 STREET ADDRESS 1534 N.W. 5th Ave.  
2.4 CITY - ST - ZIP Pompano Beach, FL 33060

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fannie P. Grisham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 954-943-8340

Date Daytime Phone # (904) 943-8340

CR2E037 (9/96)