

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90046 042 ****61.25

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DOCUMENT # N17798

1. Corporation Name

THE NORTH BROWARD FEDERATED WOMEN'S CLUB, INC.

Principal Place of Business

407 NW 4TH AVE
POMPANO BEACH FL 33060
US

Mailing Address

407 NW 4TH AVE
POMPANO BEACH FL 33060
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/17/1986

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

9. Name and Address of Current Registered Agent

GRISHAM, FANNIE P
407 NW 4TH AVE
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 ☐ DELETE

NAME
P
GRISHAM, FANNIE P
STREET ADDRESS
407 NW 4TH AVENUE
CITY-ST-ZIP
POMPANO BCH FL

TITLE ☐ DELETE

NAME
VP
HOLLAND, THERESSA
STREET ADDRESS
1534 NW 5TH AVE
CITY-ST-ZIP
POMPANO BCH FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
TD
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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Fannie P. Grisham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 27, 1999 954-943-8340

Date

Daytime Phone #

CR2E037 (11/98)