2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 14, 2004 8:00 am **Secretary of State** DOCUMENT # N17798 07-14-2004 90005 002 ****61.25 1. Entity Name THE NORTH BROWARD FEDERATED WOMEN'S CLUB. INC. Principal Place of Business' Mailing Address 407 NW 4TH AVE 407 NW 4TH AVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 US 2. Principal Place of Business Suite, Apt. #, etc CR2E037 (4/04) MOORE Applied For Mouno Bear 4. FEI Number NO-T APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent GRISHAM, FANNIE P 407 NW 4TH AVE POMPANO BCH FL 33060 8. 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State er gerellere bet ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete GRISHAM, FANNIE P NAME 407 NW 4TH AVENUE STREET ADDRESS Pom pano Beach, Au. 3,3060 STREET ADDRESS POMPANO:BCH FL CITY-ST-7/P CITY-ST-ZIP Delete TITLE TITLE HOLLAND, THERESSA NAME NAME 1534 NW 5TH AVE STREET ADDRESS STREET ADDRESS Pampano Beach, Fla. 33660 POMPANO BCH FL CITY-ST-ZIP CITY-ST-7IP _TITLE Delete TITLE SCRUGGS, LUCILLE NAME NAME 640 N.W. 15TH MANOR STREET ADDRESS STREET ADDRESS POMAPNO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE JOHNSON; CATHERINE NAME 1576 N.W. 7TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE COOPER, CHERIAN NAME NAME 222 N.W. 10TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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changed, or on an attachmant with an address, with all other like empowered

12. 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 report or supplemental 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP