

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90019 011 ****61.25

DOCUMENT # N23297
1. Entity Name
THE BROWARD COUNTY WOMEN'S HISTORY MONTH COALITION, INC.



Principal Place of Business Mailing Address
6411 NW 58 STREET 6411 NW 58 STREET
TAMARAC FL 33321 TAMARAC FL 33321
US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0091930 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
LYNN, PATRICIA
6411 NW 58 STREET
TAMARAC FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE - NAME PD KYNNE PATRICIA STREET ADDRESS 6411 NW 58 STREET CITY - ST - ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME VD HOSTO, KAREN STREET ADDRESS 161 SE 13 STREET CITY - ST - ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME TD WILLIAMSON, BARBARA STREET ADDRESS 2952 NW 13 STREET CITY - ST - ZIP FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE - NAME NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 29 February 2007 (954) 532-0931