

# 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 # N48950 (2)**

1. Corporation Name

**THE CHACONIA CLUB FOR TRINIDAD AND TOBAGO WOMEN, INC.**



Principal Place of Business

**33 N.W. 45TH AVENUE  
PLANTATION FL 33317**

Mailing Address

**33 N.W. 45TH AVENUE  
PLANTATION FL 33317**

3. Date Incorporated or Qualified  
**05/19/1992**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INNOCENT, BARBARA  
33 NW 45TH AVE  
85ANTATION FL 33317**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	INNOCENT, BARBARA	
STREET ADDRESS	33 NW 45TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CELESTINO, ELSA	
STREET ADDRESS	582 W. CAMPUS CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SICARD, BRENDA	
STREET ADDRESS	3551 NW 37TH ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ESDELLE, PAMELA	
STREET ADDRESS	3981 NW 46TH TERR	
CITY-ST-ZIP	LAUDEDALE LAKES FL	
TITLE	D SRIOTT	<input type="checkbox"/> DELETE
NAME	HAMMOTT, JENNIFER	
STREET ADDRESS	740 LONG ISLAND AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	INNONCENT, BARBARA	
STREET ADDRESS	33 N.W. 45TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CELESTINE, ELSA	
1.3 STREET ADDRESS	582 W Campus Circle	
1.4 CITY-ST-ZIP	FT. Lauderdale FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANCIS, Cheryl	
2.3 STREET ADDRESS	8845 NW 45th St	
2.4 CITY-ST-ZIP	SUNRISE FL 33351	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HACKSHAW, SHELLEY ANN	
3.3 STREET ADDRESS	33 NW 45 AVE	
3.4 CITY-ST-ZIP	PLANTATION FL 33317	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brenda Sicard*

Date

Daytime Phone #

**4/27/96 (954) 735-5737**

CR2E037 (12/95)