

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**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90290 011 \*\*\*\*61.25

0038012

**DOCUMENT # N48950**

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



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

05/19/1992

4. FEI Number

65-0388504

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

**INNOCENT, BARBARA**  
**33 NW 45TH AVE**  
**PLANTATION FL 33317**

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **S HACKSHAW, SHELLY ANN**

STREET ADDRESS **33 NW 45 AVE**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **VD FRANCIS, CHERYL**

STREET ADDRESS **8845 NW 48TH ST.**

CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **TD XAVIER, PAT**

STREET ADDRESS **11890 HERMITAGE DR**

CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ DELETE

NAME **PP INNOCENT, BARBARA VD**

STREET ADDRESS **33 N.W. 45TH AVENUE**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **ELMA JONES PD**

STREET ADDRESS **215 LAKE POINT DRIVE**

CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ DELETE

NAME **GLENDIA LAIRD Public RELAT**

STREET ADDRESS **4311 NW 23<sup>RD</sup> STREET**

CITY-ST-ZIP **LAUDERHILL FL 33313**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Signature* XAVIER MARINA XAVIER 4/19/99 954 472 9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)