

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48950

FILED  
Mar 03, 2005  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0388504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GARCIA, MARGARET  
Address: 1298 NE 39TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: TD ( ) Delete  
Name: MAYERS, KAVEN  
Address: 3833 SW 164 TERRACE  
City-St-Zip: MIRAMAR, FL 33027

Title: PD ( ) Delete  
Name: INNOCENT, BARBARA  
Address: 33 NW 45TH AVENUE  
City-St-Zip: PLANTATION, FL 33325

Title: PR ( ) Delete  
Name: LAIRD, GLENDA  
Address: 4211 NW 23RD ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: S ( ) Delete  
Name: LAWRENCE, MARVA  
Address: 33 NW 45 AVE  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET GARCIA

T

03/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date