2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48950

FILED Mar 12, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0388504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition GARCIA, MARGARET WATTLEY, MYRNA Name: Name: 1298 NE 39TH STREET Address: 10355 SW 16TH STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33334 US City-St-Zip: PEMBROKE PINES, FL 33025 US

(X) Change () Addition Title: () Delete Title: MAYERS, KAVEN Name: HAYNES, JEANETTE Name:

Address: 3833 SW 164 TERRACE Address: 2801 NW 112TH AVENUE City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: PLANTATION, FL 33323

Title: () Delete Title: PD (X) Change () Addition INNONCENT, BARBARA HACKSHAW, SHELLY Name: Name:

Address: 33 NW 45TH AVENUE Address: 4176 INVERRARY DR., APT. 307 City-St-Zip: PLANTATION, FL 33325 City-St-Zip: LAUDERHILL, FL 33319

Title: PR () Delete Title: PR (X) Change () Addition Name: LAIRED, GLENDA Name: MAYERS, KAVEN

3833 SW 164TH TERRACE Address: 4211 NW 23RD ST Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: MIRAMAR, FL 33027

Title: () Delete Title: (X) Change () Addition

BLANC, CHERYL COX, JUDITH Name: Name:

9691 NW 19 PLACE 475 NW 210TH STREET, APT. 106 Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHELLY HACKSHAW PD 03/12/2007