


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N48950 1. Entity Name THE CHACONIA CLUB FOR TRINIDAD AND TOBAGO WOMEN, INC.	
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Principal Place of Business 33 N.W. 45TH AVENUE PLANTATION, FL 33317	Mailing Address 33 N.W. 45TH AVENUE PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0388504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INNOCENT, BARBARA 33 NW 45TH AVE PLANTATION, FL 33317
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000913170
05/08/08-80005-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATTLE, MYRNA 10355 SW 16TH STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYNES, JEANETTE 2801 NW 112TH AVENUE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKSHAW, SHELLY 4176 INVERRARY DR., APT. 307 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MAYERS, KAVEN 3833 SW 164TH TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, JUDITH 475 NW 210TH STREET, APT. 106 MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: S. HACKSHAW **S. HACKSHAW** **4/17/08** **954-304-2984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #