

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48950

FILED
Mar 10, 2009
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:

4176 INVERRARY DRIVE
APT. 307
LAUDERHILL, FL 33319

Current Mailing Address:

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

New Mailing Address:

4176 INVERRARY DRIVE
APT. 307
LAUDERHILL, FL 33319

FEI Number: 65-0388504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GETER, SHELLY
4176 INVERRARY DRIVE
APT. 307
LAUDERHILL, FL 33319 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: SHELLY GETER

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WATTLE, MYRNA
Address: 10355 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: TD () Delete
Name: HAYNES, JEANETTE
Address: 2801 NW 112TH AVENUE
City-St-Zip: PLANTATION, FL 33323

Title: PD () Delete
Name: HACKSHAW, SHELLY
Address: 4176 INVERRARY DR., APT. 307
City-St-Zip: LAUDERHILL, FL 33319

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

Title: S () Delete
Name: COX, JUDITH
Address: 475 NW 210TH STREET, APT. 106
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: GETER, SHELLY
Address: 4176 INVERRARY DR., APT. 307
City-St-Zip: LAUDERHILL, FL 33319

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 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 GETER

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date