## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000797

FILED Mar 01, 2007 Secretary of State

Entity Name: BROWARD COUNTY CHAPTER OF THE NATIONAL ORGANIZATION FOR WOMEN, INC.

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

BROWARD NOW 2215 CYPRESS ISLAND DRIVE

POST OFFICE BOX 23640 #603

FT. LAUDERDALE, FL 33307 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

BROWARD NOW POST OFFICE BOX 23640 POST OFFICE BOX 23640 FT. LAUDERDALE, FL 33307

POST OFFICE BOX 23640 FT. LAUDERDALE, FL 33307 FT. LAUDERDALE, FL 33307

FEI Number: 65-0452690 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:

SMITH, BERTHA STERNER, JOANNE

569 BANKS ROAD 2215 CYPRESS ISLAND DRIVE MARGATE, FL 33063 US #603

POMPANO BEACH, FL 33069 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: JOANNE STERNER 03/01/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGE

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: PRES (X) Change ( ) Addition

Name: SMITH, BERTHA Name: STERNER, JOÁNNE Address: 569 BANKS RD Address: 2215 CYPRESS ISLAND DRIVE, #603

City-St-Zip: MARGATE, FL 33063 City-St-Zip: POMPANO BEACH, FL 33069

Title: V ( ) Delete Title: VP (X) Change ( ) Addition Name: ROSEMAN, SHARON Name: POLLOCK, CLARICE B

 Address:
 4741 NE 27 AVENUE
 Address:
 1965 S OCEAN DRIVE, #17S

 City-St-Zip:
 FORT LAUDERDALE, FL 33308
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

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

 Name:
 LEWIS, SHERRY
 Name:
 LESEN, EDWARD J

 Address:
 1050 NW 24TH TERRACE
 Address:
 1965 S OCEAN DRIVE, #17S

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

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

 Name:
 DAVIDSON, MARGARET
 Name:
 DAVIDSON, MARGARET S

 Address:
 750 PINE DR, APT 11
 Address:
 750 PINE DRIVE, APT 11

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 POMPANO BEACH, FL 33060

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: JOANNE STERNER PRES 03/01/2007