

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000797

FILED
Jan 25, 2009
Secretary of State

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

Current Principal Place of Business:

2215 CYPRESS ISLAND DRIVE
#603
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 23640
FT. LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0452690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERNER, JOANNE
2215 CYPRESS ISLAND DRIVE
#603
POMPANO BEACH, FL 33069 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: PRES () Delete
Name: STERNER, JOANNE
Address: 2215 CYPRESS ISLAND DRIVE, #603
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP () Delete
Name: POLLOCK, CLARICE B
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TREA () Delete
Name: LESEN, EDWARD J
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SECY () Delete
Name: DAVIDSON, MARGARET S
Address: 750 PINE DRIVE, APT 11
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: POLLOCK, CLARICE B
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TREA (X) Change () Addition
Name: LESEN, EDWARD J
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SECY (X) Change () Addition
Name: DAVIDSON, MARGARET S
Address: 750 PINE DRIVE, APT 11
City-St-Zip: POMPANO BEACH, FL 33060

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: EDWARD J LESEN

TREA

01/25/2009

Electronic Signature of Signing Officer or Director

Date