

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004554

FILED
May 31, 2006
Secretary of State

Entity Name: BROWARD WOMEN'S ALLIANCE, INC.

Current Principal Place of Business:

POST OFFICE BOX 1463
FORT LAUDERDALE, FL 33302 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1463
FORT LAUDERDALE, FL 33302 US

New Mailing Address:

FEI Number: 65-0522756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VOGEL, DEBRA
501 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

O'CONNOR, EILEEN M
POST OFFICE BOX 1463
FORT LAUDERDALE, FL 33302 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: EILEEN M. O'CONNOR

05/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VOGEL, DEBRA
Address: 501 E. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: O'CONNOR, EILEEN
Address: 201 SE SIXTH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TREA () Delete
Name: THROWER, CHRISTINE
Address: 1612 SW 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: O'CONNOR, EILEEN M
Address: 201 SE 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP (X) Change () Addition
Name: BACKUS, LESLIE
Address: 13090 S.W. 16TH STREET
City-St-Zip: DAVIE, FL 33325

Title: TREA (X) Change () Addition
Name: SANJUAN, MARIA
Address: AXA ADVISORS, ONE FINANCIAL PLAZA #1200
City-St-Zip: FORT LAUDERDALE, FL 33317

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: EILEEN M. O'CONNOR

PRES

05/31/2006

Electronic Signature of Signing Officer or Director

Date