


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90003 003 \*\*\*\*61.25

<b>DOCUMENT # N94000004554</b>	
1. Entity Name <b>BROWARD WOMEN'S ALLIANCE, INC.</b>	

Principal Place of Business 13090 SW 16 COURT DAVIE, FL 33325 US	Mailing Address POST OFFICE BOX 1463 FORT LAUDERDALE, FL 33302 US
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2. Principal Place of Business - No P.O. Box # <b>1520 SW 56th Avenue</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Plantation, FL</b>	City & State
Zip <b>33317</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BACKUS, LESLIE J</b> <b>13090 SW 16 COURT</b> <b>DAVIE, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>Dorothy K. Klein</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520 SW 56th Avenue</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33317</b>	
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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 *Leslie J. Backus* DATE 6/3/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>SANJUAN, MARIA T</b> <b>ONE FINANCIAL PLAZQ SUITE 1200</b> <b>FORT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dorothy K. Klein</b> <b>1520 SW 56th Avenue</b> <b>Plantation, FL 33317</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>KLEIN, DOROTHY</b> <b>ONE FINANCIAL PLAZA, SUITE 1200</b> <b>FORT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>Elly Du Pre</b> <b>650 North Andrews Avenue</b> <b>Fort Lauderdale, FL 33311</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>MC MICHAEL, ANNE H</b> <b>3446 PALLADIAN CIRCLE</b> <b>DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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: *Anne H. McMichael*

40108948



06032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0522756** Applied For  
Not Applicab

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required