2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004554

FILED Jun 26, 2009 Secretary of State

Entity Name: BROWARD WOMEN'S ALLIANCE, INC.

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

1520 SW 56TH AVENUE PLANTATION, FL 33317 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1463

FORT LAUDERDALE, FL 33302 US

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: Name and Address of New Registered Agent:

KLEIN, DOROTHY K 1520 SW 56TH AVENUE PLANTATION, FL 33317 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DU PRE, ELLY DU PRE, ELLY Name: Name: Address: 650 NORTH ANDREW AVENUE Address: 650 NORTH ANDREWS AVENUE City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: () Delete Title: (X) Change () Addition Name: KLEIN, DOROTHY Name: KLEIN, DOROTHY K

Address: ONE FINANCIAL PLAZA, SUITE 1200 Address: 1520 SW 56TH AVENUE City-St-Zip: FORT LAUDERDALE, FL 33394 City-St-Zip: PLANTATION, FL 33317 US

Title: **TREA** () Delete Title: **TREA** (X) Change () Addition MC MICHAEL, ANNE H MC MICHAEL, ANNE H Name: Name: 3446 PALLADIAN CIRCLE 3446 PALLADIAN CIRCLE Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 US

() Delete Title: PΕ () Change (X) Addition

Title: Name: Name: SOLDANI, MARIA 72 EAST MCNAB ROAD, #8 Address: Address: City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 US

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: ANNE H. MCMICHAEL **TREA** 06/26/2009