FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600000681 (4)

WOMEN'S CHAMBER OF COMMERCE OF BROWARD COUNTY, I NC.

Principal Place of Business

Mailing Address

9961 NW 7TH STREET PLANTATION FL 33324

9961 NW 7TH STREET

FILED Feb 28 1997 8:00am Secretary of State



PLANTATION FL 33324		PLANTATION FL 33324-4908			
				3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address	- M.J	4, FEI Number	Applied For
21 7100	Pembroke Rd.	26 2435 HOLL	, wood Blud	65-065 79	Not Applicable
Suite, Apt. #, etc. Suite, Apt. 27 # 20		Suite, Apt. #, etc.)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	emar Fl.	Cily & State	d. Fl.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for int	
24 330	25 Broward	29 33026 3	promond of		Yes 🔊 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	stered Agent
			81 Name		
SAPERSTEIN, LYNN 82 Street				ess (P.O. Box Number is Not Acceptable)
10132 NW 13TH COURT					·
PLANTA1	TION FL 33322		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	the above-named corp	poration submits this statement for the pur	
office or ragerit. La	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 617.0503, Flori	thorized by the corporati da Statutes.	poration submits this statement for the purion's board of directors. I hereby accept	the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	reasurer	☐ Change ▲ Addition
NAME	EPSTEIN, LAURA		1.2 NAME	Are Elizabello .	
STREET ADDRESS	9961 NW 7TH STREET		1.3 STREET ADDRESS	he Holly pood blvd	#204
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CiTY-ST-ZIP	ally wood . Fl. 330	20
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	RICHARDS, HEIDI		22 NAME		
STREET ADDRESS	7100 PEMBROKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	DOLAN, JUDY		3.2 NAME	•	
STREET ADDRESS	8910 MIRAMAR PKWY. STE 30	8	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		3.4. CITY-ST-ZIP		
TITLE		. DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T	4.4 CITY - ST - ZIP	- 1 h	[Al
TITLE		☐ DELETE	5.1 TITLE	₽	☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		L. J DELETE	6.1 TITLE		LI CHANGE I AUGUION
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

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Daytime Phone 0037228