

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90061 020 ****61.25

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1. Corporation Name

WOMEN'S CHAMBER OF COMMERCE OF BROWARD COUNTY, INC.

Principal Place of Business

4801 SOUTH UNIVERSITY DRIVE
SUITE 305 E
DAVIE FL 33328
US

Mailing Address

4801 SOUTH UNIVERSITY DRIVE
SUITE 305 E
DAVIE FL 33328
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0657981

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DOLAN, JUDITH A
9646 PINES BOULEVARD
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME DOLAN, JUDITH A
STREET ADDRESS 9646 PINES BOULEVARD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE CED
NAME TICHLER, JACQUELINE
STREET ADDRESS 4801 S. UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33328

TITLE VPD
NAME MASTERS, PAM
STREET ADDRESS 1750 N.E. 167 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE SD
NAME SAPROTA, HILARY
STREET ADDRESS 1600 N.E. 6TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D
NAME EDELMAN, DORIS
STREET ADDRESS 4000 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME MUSIC, SANDI
STREET ADDRESS 901 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Past Chair ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME Tichler
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE CED ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VPD ☐ Change ☒ Addition
4.2 NAME Gormley, Imelda
4.3 STREET ADDRESS 600 Corporate Dr #200
4.4 CITY-ST-ZIP FT. LAUDERDALE FL 33334

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Choates, Gail
5.3 STREET ADDRESS 224 COMMERCIAL BLVD, SUITE 304
5.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)