## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000493

Entity Name: THE SOUTH FLORIDA CHAPTER OF WESTWOOD OLD GIRLS

ASSOCIATION, INC.

Apr 30, 2013 Secretary of State CC8945036062

**FILED** 

## **Current Principal Place of Business:**

7760 NW 22ND STREET

203

PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

7760 NW 22ND STREET 203

PEMBROKE PINES, FL 33024

FEI Number: 27-4691768 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMPSON, PEIR 5628 ROCK ISLAND ROAD 178 TAMARAC, FL 33319 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRES Title VF

 $\label{eq:name_norm} {\sf Name} \qquad \qquad {\sf THOMPSON,\,MELAINE\,M} \qquad \qquad {\sf Name} \qquad \qquad {\sf THOMPSON,\,PEIR}$ 

Address 7760 NW 22ND STREET Address 5628 ROCK ISLAND ROAD

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: TAMARAC FL 33319

Title TREA Title EC

Name NICHOLSON, DONNA Name SPENCE, CHERYL A

Address 2070 NW 43RD TERRACE Address 8280 SW 9 CT

City-State-Zip: LAUDERHILL FL 33313 City-State-Zip: NORTH LAUDERDALE FL 33068

Title SECRETARY

Name CLARKE, EVERLY MRS Address 3396 FOXCROFT ROAD

UNIT # 306

City-State-Zip: MIRAMAR FL 33025

I hereby 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 all other like empowered.

Date