

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000493

Entity Name: THE SOUTH FLORIDA CHAPTER OF WESTWOOD OLD GIRLS ASSOCIATION, INC.**FILED**
Mar 22, 2014
Secretary of State
CC5871816311**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

Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	THOMPSON, MELAINE M
Address	7760 NW 22ND STREET 203
City-State-Zip:	PEMBROKE PINES FL 33024

Title	TREASURER
Name	SPENCE, CHERYL A
Address	8280 SW 9 CT
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	EVENTS CORDINATOR
Name	BOND, JULIET
Address	1311 NW 195 ST
City-State-Zip:	MIAMI FL 33169

Title	PRESIDENT
Name	NICHOLSON, DONNA MRS
Address	2070 NW 43RD TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	SECRETARY
Name	CLARKE, EVERLY MRS
Address	3396 FOXCROFT ROAD UNIT # 306
City-State-Zip:	MIRAMAR FL 33025

Title	VP
Name	JANET, BLAIR
Address	5706 SWORDFISH CIRCLE
City-State-Zip:	TAMARAC FL 33319

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.

SIGNATURE: EVERLY CLARKE**SECRETARY****03/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date