


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002686
 1. Entity Name
NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.



Principal Place of Business
**303 SE 17TH ST
 FT LAUDERDALE, FL 33316**

Mailing Address
**303 SE 17TH ST
 FT LAUDERDALE, FL 33316**

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04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0449927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM R SCHERER CONRAD & SCHERER
 633 SOUTH FEDERAL HIGHWAY
 FT. LAUDERDALE, FL 33301**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALANO, ANTHONY 4531 THOMAS ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMURTIE, FRED 518 SW 8TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, LOIS 103 NE 26 ST. FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APOIAN, CORRINE 2350 NE 14TH STREET #303 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, PAT 4201 NW 34 WAY FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, PAT 4201 NW 34TH WAY FORT LAUDERDALE, FL 33309

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 04/29/05-80003-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Corrine Apoin **CORRINE APOIAN** April 25, 05-954-946-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #