


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 041 ****61.25

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| DOCUMENT # N00206 |  |
| 1. Entity Name BROWARD COUNTY RETIRED EDUCATORS ASSOCIATION, INCORPORATED | |

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| Principal Place of Business 611 KENSINGTON PLACE FORT LAUDERDALE FL 33305 US | Mailing Address 611 KENSINGTON PLACE FORT LAUDERDALE FL 33305 US |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E037 (11/03)

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|------------------------------------|---|
| 4. FEI Number 59-0653174 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent EMMETT, DORIS D 6000 N E 22 WAY APT 3-B FORT LAUDERDALE FL 33308 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE PD NAME SMOOT, FRANCES L STREET ADDRESS 2167 NW 27 TERRACE CITY-ST-ZIP FORT LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME MARTIN, MADELINE W. STREET ADDRESS 745 BANKS ROAD CITY-ST-ZIP MARGATE, FL 33063 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD NAME JOSEPH, JUDITH A STREET ADDRESS 4602 CARAMBOLA CIRCLE S CITY-ST-ZIP COCONUT CREEK FL 33066 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME EMMETT, DORIS D STREET ADDRESS 6000 NE 22 WAY APT 3-B CITY-ST-ZIP FORT LAUDERDALE FL 33308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPD NAME DARGAN, VIOLET M STREET ADDRESS 2661 NW 26 AVE. CITY-ST-ZIP FORT LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> Delete | TITLE VPD NAME DRILLING, THOMAS STREET ADDRESS 2110 N. OCEAN BLVD #1204 CITY-ST-ZIP FORT LAUDERDALE, FL 33305 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: *Doris D. Emmett* (DORIS D. EMMETT) ^{2/27/04} 954-772-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #