


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2005 08:00 AM
Secretary of State

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

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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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0653174	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 EMMETT, DORIS D 6000 N E 22 WAY APT 3-B FORT LAUDERDALE, FL 33308	
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**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	PD MARTIN, MADELINE W 745 BANKS ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOSEPH, JUDITH A 4602 CARAMBOLA CIRCLE S COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EMMETT, DORIS D 6000 NE 22 WAY APT 3-B FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DRILLING, THOMAS 2110 N OCEAN BLVD #1209 FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/05-80053-010 61.25

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IN THIS SPACE**

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) 1-10-05 954-772-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #