

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00206

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** BROWARD COUNTY RETIRED EDUCATORS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

6000 NE 22 WAY  
APT 3 B  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

6000 NE 22 WAY  
APT 3 B  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

**FEI Number:** 02-0735129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EMMETT, DORIS D  
6000 N E 22 WAY  
APT 3-B  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HORTON, ROSALINDA  
Address: 1473 SE 16 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD ( ) Delete  
Name: MARTIN, MADELINE  
Address: 745 BANKS DR  
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete  
Name: EMMETT, DORIS D  
Address: 6000 NE 22 WAY APT 3-B  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD ( ) Delete  
Name: FALCONER, MARGARITE  
Address: 1626 SE 10 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: JOSEPH, JUDITH  
Address: 4602 CARAMBOLA CIRCLE S.  
City-St-Zip: COCONUT CREEK, FL 33066

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DORIS D. EMMETT

TD

03/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date