2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00206

FILED Mar 17, 2010 Secretary of State

Entity Name: BROWARD COUNTY RETIRED EDUCATORS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

6000 NE 22 WAY 615 N 31 ROAD

APT 3 B HOLLYWOOD, FL 33021 US

FORT LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

6000 NE 22 WAY 615 N 31 ROAD

APT 3 B HOLLYWOOD, FL 33021 US

FORT LAUDERDALE, FL 33308 US

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

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

EMMETT, DORIS D

6000 N E 22 WAY

APT 3-B

LECLERC, MARELISE
615 N 31 ROAD
HOLLYWOOD, FL 33021 US

APT 3-B HOLLYWOOD, FL 33021 US FORT LAUDERDALE, FL 33308 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: MARELISE LECLERC 03/17/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: FALCONER, MARGARITE
Address: 1626 S E 10 AVENUE, APT. 503
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD

Name: JOSEPH, JUDITH
Address: 4602 CARAMBOLA CIRCLE S.
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD

Name: LECLERC, MARELISE
Address: 615 N 31 ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD

Name: MORNINGSTAR, BARBARA
Address: 4530 N E 14 TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

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: MARELISE LECLERC TD 03/17/2010