

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:33

DOCUMENT # **N40210** (9)

1. Corporation Name

**THE SERRA CLUB OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

710 N. OCEAN BLVD.  
APT. 1203  
POMPANO BEACH FL 33062-4804

710 N. OCEAN BLVD.  
APT. 1203  
POMPANO BEACH FL 33062-4804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1990** 3a. Date of Last Report **04/18/1994**

4. FBI Number **NOT APPLICABLE** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business, 2a. Mailing Address

21. **ST. GABRIEL'S CHURCH** 26.   
Suite, Apt. #, etc. Suite, Apt. #, etc.

22. **731 NE OCEAN BLVD.** 27.   
City & State City & State

23. **POMPANO BEACH** 28.   
City & State City & State

24. **33062** 25. **BROWARD** 29.   
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**CAMINO, FERNANDE**  
•710 N. OCEAN BLVD.  
•1203  
•POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name **MITCHELL, CLAIRE M.**  
82 Street Address (P.O. Box Number is Not Acceptable) **3205 SE 7th AVENUE**  
83 **# 1203**  
84 City **POMPANO BEACH,** 85 Zip Code **FL 33062**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *X. Claire M. Mitchell*

(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MITCHELL, CLAIRE M</b>
STREET ADDRESS	<b>3205 SE 7TH ST #102</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>DVP</b>
NAME	<b>CAMINO, FERNANDE</b>
STREET ADDRESS	<b>710 N OCEAN BLVD #1203</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>DVP</b>
NAME	<b>DRAVE, MAURICE</b>
STREET ADDRESS	<b>2720 CARDINAL CIR</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>DPV</b>
NAME	<b>PLIVKA, EILEEN</b>
STREET ADDRESS	<b>401 BRINY AVE # 405</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33062</b>
TITLE	<b>DT</b>
NAME	<b>KREBS, ALBERT</b>
STREET ADDRESS	<b>5712 NW 68TH TERR</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>DVP</b>
NAME	<b>GAUS, WILLAM</b>
STREET ADDRESS	<b>3300 S OCEAN BLVD.</b>
CITY - ST - ZIP	<b>HIGHLAND BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claire M. Mitchell*

*3/31/95* 305.786.0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #