

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # **N40210 (9)**

1. Corporation Name

THE SERRA CLUB OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

ST. GABRIELS CHURCH
731 NE OCEAN BOULEVARD
POMPANO BEACH FL 33062
US

710 N. OCEAN BLVD.
APT. 1203
POMPANO BEACH FL 33062-4604

3. Date Incorporated or Qualified **10/01/1990** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 SAME (Above)	26	NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Country	30 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, CLAIRE M.
3205 SE 7TH AVENUE
SUITE 1203
POMPANO BEACH FL 33062

81 Name	ALBERT KREBS
82 Street Address (P.O. Box Number is Not Acceptable)	5712 N.W. 68th Street
83	-
84 City	TAMARAC, FL
85 Zip Code	33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Albert Krebs

Sign of the typed or printed name of registered agent and the filing officer.

(NOTE: Registered Agent's name is same as when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, CLAIRE M	1.2 NAME	
STREET ADDRESS	3205 SE 7TH ST #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYE, MAURICE	2.2 NAME	
STREET ADDRESS	2720 CARDINAL CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DPV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLIVKA, EILEEN	3.2 NAME	DVP
STREET ADDRESS	401 BRINY AVE # 405	3.3 STREET ADDRESS	MURRAY, JOE
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	1117 N.W. 122 nd Terrace
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREBS, ALBERT	4.2 NAME	
STREET ADDRESS	5712 NW 68TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUS, WILLAM	5.2 NAME	
STREET ADDRESS	3300 S OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Gaus* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Krebs (above)
March 26, 1996 / (305) 726-0299

CR2E037 (12/95)