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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N40210 (9)

1. Corporation Name

THE SERRA CLUB OF BROWARD COUNTY, INC.



Principal Place of Business

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

Mailing Address

ALBERT J. KREBS
710 N OCEAN BLVD. 5712-NW68TH TERR.
APT 1209 TAMARAC, FL 33321
POMPANO BEACH FL 33062-4804

3. Date Incorporated or Qualified
10/01/1990

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 3205 SE 7th ST

Suite, Apt. #, etc.
22 102

City & State
23 Pompano Beach FL

Zip Country
24 33062 25 USA

2a. Mailing Address

Suite, Apt. #, etc.
26

City & State
27

Zip Country
29 30

4. FEI 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREBS, ALBERT
5712 NW 68TH STREET
SUITE 1209
TAMARAC FL 33321

ALBERT KREBS
Serra Club Of Broward Cty, Inc.
5712 NW 68th Ter.
Tamarac, FL 33321

81 Name

2 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MITCHELL, CLAIRE M	
STREET ADDRESS	3205 SE 7TH ST #102	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	DRAYE, MAURICE	
STREET ADDRESS	2720 CARDINAL CIR	Deceased
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MURRAY, JOE	
STREET ADDRESS	1117 NW 122ND TERRACE	
CITY-ST-ZIP	PEMBROOKE PINES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KREBS, ALBERT	
STREET ADDRESS	5712 NW 68TH TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GAUS, WILLAM	
STREET ADDRESS	3300 S OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Claire M. Mitchell, President

Date: 1/10/97 Daytime Phone # 0021829

CR2E037 (9/96)