


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 022 ****61.25

DOCUMENT # 1. Entity Name	n 40210	
THE SERRA CLUB OF BROWARD COUNTY INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME		3. Mailing Address 3205 S.E. 7th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 102	
City & State		City & State Pompano Beach Fl	
Zip	Country	Zip	Country
33062	USA	33062	USA

54023179

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CLAIRE M. MITCHELL	
Street Address (P.O. Box Number is Not Acceptable) 3205 S.E. 7th St. #102	
City POMPANO BEACH	Zip Code FL 33062

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>FILE FEE \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT METZGER, Thomas J. Sr. 2811 N.E. 53rd Ct. Lighthouse Point Fl 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MITCHELL, Claire M. 3205 S.E. 7th Sty. #102 Pompano Beach Fl 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'Connell, Francis 305 N. Pompano Bch Blvd. #1509 Pompano Beach Fl. 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Friel, William F. III 8201 S.W. 12th St N. Lauderdale Fl. 33068-3442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire M. Mitchell Treasurer 3/22/04 954-786-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)