

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90056 009 ****61.25

DOCUMENT # N40210

1. Entity Name

THE SERRA CLUB OF BROWARD COUNTY, INC.



Principal Place of Business

8201 SW 12TH STREET
NORTH LAUDERDALE FL 33068-3442
US 3201 S.E. 7th St #102
POMPANO BEACH FL 33062

Mailing Address

3205 SE 7TH ST.
POMPANO BEACH FL 33062
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, CLAIRE M
3205 SE 7TH ST.
#102
POMPANO BEACH FL 33062

Name

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

City

FL

Zip Code

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 *Claire M. Mitchell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	METZGER, THOMAS J SR.	
STREET ADDRESS	2811 NE 53RD CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEL, WILLIAM F III	
STREET ADDRESS	8201 S.W. 12TH STREET	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, CLAIRE M	
STREET ADDRESS	3205 SE 7TH STREET #102	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'CONNELL, FRANCIS	
STREET ADDRESS	305 N POMPANO BCH. BLVD., #1509	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRIEL, WILLIAM F III	
STREET ADDRESS	8201 SW 12TH ST.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-3442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CLAIRE M. MITCHELL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire M. Mitchell Treasurer

Date

Daytime Phone #

954-786-0667

Feb 8/05