2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2006 8:00 am DOCUMENT # N40210 **Secretary of State** 1. Entity Name 02-17-2006 90074 022 ****61.25 THE SERRA CLUB OF BROWARD COUNTY, INC. Principal Place of Business Mailing Address 3205 SE 7TH ST. #102 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, CLAIRE M Street Address (P.O. Box Number is Not Acceptable) 3205 SE 7TH ST. #102 POMPANO BEACH 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. Jul 7/06 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MĚTZGER, THOMAS J SR. NAME NAME 2811 NE 53RD CT. STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TREASURER ☐ Addition MITCHELL, CLAIRE M NAME NAME 3205 SE 7TH STREET #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME O'CONNELL, FRANCIS NAME STREET ADDRESS 305 N POMPANO BCH. BLVD., #1509 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME FRIEL, WILLIAM F III NAME 8201 SW 12TH ST. STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068-3442 CITY-ST-7IP CITY-ST-ZIP POESIDENT ☐ Delete TITLE TITLE Change **X**Addition HEIME MALCOLM NAME 111 N. POMPANO BEACH BLUD #711 NAME STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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. Clave Dr. Mitchell 3/7/06 954-7860667 SIGNATURE: CLAIRE M. MITCHEW

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

CITY-ST-7IP