


**2007. NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-21-2007 90041 039 ****61.25

3/7

DOCUMENT #.N40210 1. Entity Name THE SERRA CLUB OF BROWARD COUNTY, INC.			
Principal Place of Business 3205 SE 7TH ST H102 POMPANO BEACH FL 33062 US		Mailing Address 3205 SE 7TH ST. H102 POMPANO BEACH FL 33062 US	
2. Principal Place of Business - No P.O. Box # 3205 SE 7th St Suite, Apt. #, etc. 102 City & State POMPANO BEACH FL Zip 33062 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent MITCHELL, CLAIRE M 3205 SE 7TH ST. #102 POMPANO BEACH FL 33062		7. Name and Address of New Registered Agent 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 <u>Claire M. Mitchell</u> <small>Signature, typed or printed name of registered agent and fee is applicable.</small>		DATE <u>Feb 27/07</u> <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME METZGER, THOMAS J SR. STREET ADDRESS 2811 NE 53RD CT. CITY- ST- ZIP LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete	TITLE <u>VICE PRESIDENT</u> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MITCHELL, CLAIRE M STREET ADDRESS 3205 SE 7TH STREET #102 CITY- ST- ZIP POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	TITLE <u>TREASURER.</u> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HEIKLE, MALCOLM STREET ADDRESS 111 N. POMPANO BEACH BLVD. CITY- ST- ZIP POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	TITLE <u>PRESIDENT</u> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>FRIEL, WILLIAM III</u> STREET ADDRESS <u>8201 S.W. 124 ST</u> CITY- ST- ZIP <u>NORTH LAUDERDALE FL 33068-3442</u>	<input type="checkbox"/> Delete	TITLE <u>SECRETARY</u> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Claire M. Mitchell</u>		DATE: <u>Feb 27 2007</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	