


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90001 003 ****61.25

DOCUMENT # N40210					
1. Entity Name THE SERRA CLUB OF BROWARD COUNTY, INC.					
Principal Place of Business 3205 SE 7TH ST 102 POMPANO BEACH, FL 33062 US			Mailing Address 3205 SE 7TH ST 102 POMPANO BEACH, FL 33062 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, THOMAS J SR.		NAME		
STREET ADDRESS	2811 NE 53RD CT.		STREET ADDRESS	SAME	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, CLAIRE M		NAME		
STREET ADDRESS	3205 SE 7TH STREET #102		STREET ADDRESS	SAME	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIKLE, MALCOLM		NAME	GEORGETTE HEIKLE	
STREET ADDRESS	111 N. POMPADUR BEACH BLVD. #711		STREET ADDRESS	111 N. POMPADUR BEACH BLVD #711	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEL, WILLIAM III		NAME		
STREET ADDRESS	8201 S.W. 12TH ST		STREET ADDRESS	SAME	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330683442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Claire M. Mitchell</i>		Date: <i>May 19/08</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Treasurer</i>					

ATTACHMENT



40108619

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2008

THE SERRA CLUB OF BROWARD COUNTY, INC.
3205 SE 7TH ST 102
POMPANO BEACH, FL 33062 US

SUBJECT: THE SERRA CLUB OF BROWARD COUNTY, INC.
Ref. Number: N40210

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have additional questions or need further assistance, please call (850) 245-6059.

Division of Corporations

Letter Number: 908A00031690

June 12/08
*Sorry for the delay, I was in the hospital
due to car accident.*
*Please accept check 1705, along with
charges.*

July
G. M. Mitchell
Treasurer