

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N40210

Entity Name: THE SERRA CLUB OF BROWARD COUNTY, INC.

Current Principal Place of Business:

3205 SE 7TH ST 102
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

3205 SE 7TH ST 102
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: METZGER, THOMAS J SR.
Address: 2811 NE 53RD CT.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: MITCHELL, CLAIRE M
Address: 3205 SE 7TH STREET #102
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: MEIKLE, GEORGETTE
Address: 111 W POMPANO BEACH BVLD #914
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: FRIEL, WILLIAM III
Address: 8201 S.W. 12TH ST
City-St-Zip: NORTH LAUDERDALE, FL 330683442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE M. MITCHELL

Electronic Signature of Signing Officer or Director

TREA

02/09/2009

Date