



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-05-2007 90045 036 ****61.25

DOCUMENT # N42390 1. Entity Name BROWARD COUNTY MUNICIPAL CLERKS ASSOCIATION, INC.					
Principal Place of Business CITY CLERK 10770 W OAKLAND PK FORT LAUDERDALE, FL 33351 US			Mailing Address CITY CLERK 10770 W OAKLAND PK FORT LAUDERDALE, FL 33351 US		
2. Principal Place of Business - No P.O. Box # City Clerk Suite, Apt. #, etc. 2600 Hollywood Blvd.		Mailing Address City Clerk Suite, Apt. #, etc. 2600 Hollywood Blvd.			
City & State Hollywood, FL		City & State Hollywood, FL		01182007 Chg-NP CR2E037 (12/06)	
Zip 33020		Country U.S.A.		4. FEI Number 65-0322465	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOREN, SAMUEL S. 3099 EAST COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, name, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	V SLATTERY, SUSAN 400 NW 73RD AVE PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANAZALONE, MICHELE 2600 HOLLYWOOD BLVD, RM 221 HOLLYWOOD, FL 33022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILGORE, JUDITH 5790 MARGATE BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAVO, FELICIA 10770 W OAKLAND PK BLVD SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATES, PATRICIA 2500 WESTON RD, # 101 WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" 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 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: Michele Anzalone Treasurer, Michele Anzalone 1/24/07 954-9213211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					