2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42390

FILED Feb 26, 2012 Secretary of State

Entity Name: BROWARD COUNTY MUNICIPAL CLERKS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

DEPUTY TOWN CLERK C/O CITY CLERK

3150 SW 52 AVENUE 5790 MARGATE BOULEVARD PEMBROKE PARK, FL 33023 US MARGATE, FL 33063 US

Current Mailing Address: New Mailing Address:

DEPUTY TOWN CLERK C/O CITY CLERK

3150 SW 52 AVENUE 5790 MARGATE BOULEVARD PEMBROKE PARK, FL 33023 US MARGATE, FL 33063 US

FEI Number: 65-0322465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOREN, SAMUEL S. 3099 EAST COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308 US

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: PRES

Name: MUNIZ, RUSSELL MMC Address: 6591 ORANGE DRIVE City-St-Zip: DAVIE, FL 33314

Title: VICE

Name: HAMMOND, ASCELETA CMC Address: 100 W. ATLANTIC BOULEVARD City-St-Zip: POMPANO BEACH, FL 33060

Title: SECR

Name: JOSEPH, NATASHA CMC Address: 3150 SW 52 AVENUE City-St-Zip: PEMBROKE PARK, FL 33023

Title: TREA

 Name:
 MAY, LESLIE W CMC

 Address:
 5790 MARGATE BOULEVARD

 City-St-Zip:
 MARGATE, FL 33063

on an attachment with all other like empowered.

I hereby 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

SIGNATURE: LESLIE WALLACE MAY TREA 02/26/2012