

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002686

FILED
Jan 14, 2009
Secretary of State

Entity Name: NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.

Current Principal Place of Business:

303 SE 17TH ST
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

303 SE 17TH ST
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0449927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

N BROWARD HOSPITAL DISTRICT RETIREE BLVD
303 SE 17 ST
FORT LAUDERDALE, FL 33316 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: P () Delete
Name: BALANO, ANTHONY
Address: 4531 THOMAS ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: SHARKEY, MAUREEN
Address: 1291 NW 46 CT
City-St-Zip: POMPANO BEACH, FL 33064

Title: S () Delete
Name: BOYD, LOIS
Address: 103 NE 26 ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T () Delete
Name: APOIAN, CORRINE
Address: 2350 NE 14TH STREET #303
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: BARNES, PAT
Address: 4201 NW 34 WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: PARKER RAMSAY, JEAN
Address: 830 TENNESSEE AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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
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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: CORRINE APOIAN

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date