

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00206

**FILED**  
**Jun 10, 2020**  
**Secretary of State**  
**9353424628CC**

**Entity Name:** BROWARD COUNTY RETIRED EDUCATORS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

615 N 31 ROAD  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

615 N 31 ROAD  
HOLLYWOOD, FL 33021 US

**FEI Number: 02-0735129**

**Certificate of Status Desired: Yes**

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

LECLERC, MARELISE  
615 N 31 ROAD  
HOLLYWOOD, FL 33021 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

**Officer/Director Detail :**

Title PD  
Name SMALL, LILLIAN  
Address 408 N.W.16TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title SD  
Name AVERY, KAREN  
Address 3346 NW 23RD STREET  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title TD  
Name LECLERC, MARELISE  
Address 615 N 31ST ROAD  
City-State-Zip: HOLLYWOOD FL 33021

*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 on an attachment with all other like empowered.*

**SIGNATURE: MARELISE LECLERC**

**TREASURER**

**06/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date