2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000520

FILED Mar 30, 2010 Secretary of State

Entity Name: ALONZO MOURNING CHARITIES, INC.

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

2901 FLORIDA AVENUE SUITE 806

COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2901 FLORIDA AVENUE SUITE 806 COCONUT GROVE, FL 33133

FEI Number: 65-1075983 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:

FURST, ALLEN 3109 GRAND AVENUE, PMB 447 MIAMI, FL 33133 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: CE

Name: MOURNING, ALONZO

Address: 2901 FLORIDA AVENUEN, SUITE 806 City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD

Name: FURST, ALLEN

Address: 2901 FLORIDA AVENUE, SUITE 806 City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D

Name: SCHAEFER, EUGENE

Address: 2901 FLORIDA AVENUE, SUITE 806 City-St-Zip: CORAL GABLES, FL 33133

Title: PD

Name: MOURNING, TRACY W

Address: 2901 FLORIDA AVENUE, SUITE 806 City-St-Zip: COCONUT GROVE, FL 33133

Title:

Name: DOTSON, ALBERT

Address: 2901 FLORIDA AVENUE, SUITE 806

City-St-Zip: MIAMI, FL 33133

Title: VPD

Name: DIGGS, WILLIAM

Address: 2901 FLORIDA AVENUE, SUITE 806

City-St-Zip: MIAMI, FL 33133

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: ALLEN S. FURST DT 03/30/2010