


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001549

1. Entity Name
 Upsilon Xi Omega Community Foundation, Inc.



Principal Place of Business
 4910 N.W. 18TH COURT
 LAUDERHILL, FL 33313

Mailing Address
 P.O. BOX 120278
 FT. LAUDERDALE, FL 33312



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-1084517

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, DEVARN M
 4910 N.W. 18TH COURT
 LAUDERHILL, FL 33313

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.

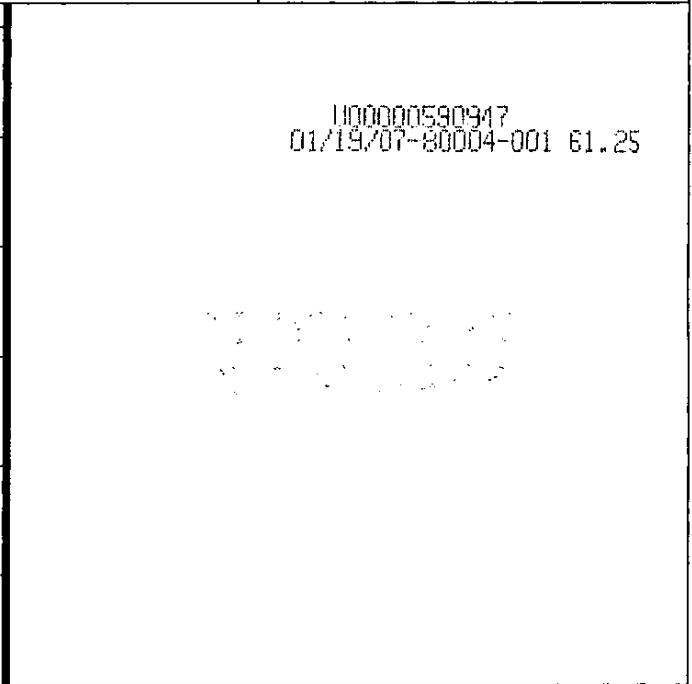
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, DEVARN M 4910 N.W. 18TH COURT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, LISA 182 NW 75TH TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINKNEY, KHANDIA 16204 NW 20TH ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, MARGARETTE H 7601 BANYAN WAY FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD GOODWIN, SHAROEN 3460 NW 6 ST. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARL ROBERTS, JARIS 7921 N.W. 53RD STREET LAUDERHILL, FL 33351



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: Devorn M. Flowers DEVARN M. FLOWERS 01/13/07 (954) 240-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #