

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000301

FILED
May 03, 2008
Secretary of State

Entity Name: SOUTH FLORIDA WRITERS ASSOCIATION, INC.

Current Principal Place of Business:

1429 ALEGRIANO
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

PO BOX 570415
MIAMI, FL 332570415

New Mailing Address:

FEI Number: 30-0222228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIRAN, DAMODAR S
1429 ALEGRAIANO AVE
CORAL GABLES, FL 33146 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: D () Delete
Name: DANIELS, DON
Address: 8390 SW 122ND ST
City-St-Zip: MIAMI, FL 331565120

Title: D () Delete
Name: DANIELS, RACHEL A
Address: 8390 SW 122 ST
City-St-Zip: MIAMI, FL 331561520

Title: D () Delete
Name: ROSE, JONATHAN P
Address: 28 W. FLAGLER STREET, #305
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: AIRAN, DAR
Address: 1429 ALEGRAIANO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: GOODMAN-MILONE, CONNIE
Address: 12920 SW 95 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHEW, NORMA A
Address: 10271 SW 109 STREET
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
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: DON DANIELS

D

05/03/2008

Electronic Signature of Signing Officer or Director

_____ Date