2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# N04000011489

Entity Name: FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

17056 NW 16TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

17056 NW 16TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-1444299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LALOG, JOSE O JR.
90 BRONSON LANE
PALM COAST, FL 32137 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: KE, GENY P
Address: 17056 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete
Name: IBAY, MAX
Address: 6556 NW 170TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: SIBUCAO, MARISSA
Address: 1938 NW 74 AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete
Name: MOLAS, PRISCILLA B
Address: 10920 SW 117 PL.
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: DALMACIO, MARITES M
Address: 721 THORNRIDGE AVE.
City-St-Zip: DAVIE, FL 33325

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
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: GENY P KE P 01/13/2008

Electronic Signature of Signing Officer or Director Date