

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 07, 2007  
Secretary of State

DOCUMENT# N05000009190

Entity Name: THE PEOPLE OF NEW ORLEANS HURRICAN KATRINA DISASTER RELIEF FUND INC

**Current Principal Place of Business:**

3911 DAVIE BLVD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3911 DAVIE BLVD  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPS ( ) Delete  
Name: MUHAMMAD, ALLI A DOCTOR  
Address: 3911 DAVIE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DT ( ) Delete  
Name: JOSEPH, MCASHLEY  
Address: 3911 DAVIE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DV ( ) Delete  
Name: HIGGS, KEMAH  
Address: 3911 DAVIE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DT ( ) Delete  
Name: EMILLE, STEVEN  
Address: 3911 DAVIE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: VP ( ) Change (X) Addition  
Name: GAY, TRINITA A  
Address: 1645 LANG PLACE NE  
City-St-Zip: WASHINGTON, DC 20002

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: MCASHLEY JOSEPH

DT

09/07/2007

Electronic Signature of Signing Officer or Director

Date