## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004248

FILED Apr 25, 2007 Secretary of State

Entity Name: CONVENT OF MERCY ACADEMY "ALPHA" ASSOCIATION, INC.

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

6915 S.W. 139 PLACE MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

6915 S.W. 139 PLACE MIAMI, FL 33183

FEI Number: 65-0610228 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:

AZAN, OLGA J AZAN, OLGA J D
6915 S.W. 139 PLACE 6915 S.W. 139 PLACE
MIAMI, FL 33183 US MIAMI, FL 33183 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: OLGA AZAN 04/25/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 AZAN, OLGA J
 Name:
 AZAN, OLGA J D

 Address:
 6915 S.W. 139 PLACE
 Address:
 6915 S.W. 139 PLACE

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:
 MIAMI, FL 33183

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 CHIN, JUNE
 Name:
 LEE, PATRICIA D

 Address:
 11534 S.W. 127 COURT
 Address:
 7549 SW 190 ST.

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33157

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 CHIN, MELANIE
 Name:
 FIGUEROA, JENNIFER D

 Address:
 12650 S.W. 190 STREET
 Address:
 14821 SW 148 AVENUE

City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33196

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LEE, PATRICIA
 Name:

 Address:
 15450 SW 158 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33187
 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: OLGA AZAN D 04/25/2007