

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004032

**Entity Name:** ALPHA RHO BOULE FOUNDATION, INC

**Current Principal Place of Business:**

9380 SW 150TH STREET  
SUITE 100  
MIAMI, FL 33176

**Current Mailing Address:**

P.O. BOX 97-1637  
MIAMI, FL 33697-4853 US

**FEI Number:** 90-0708187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

S. DAVIS & ASSOCIATES, P.A.  
2521 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 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:** SHAUN M. DAVIS

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCADORY, JOHN T MD  
Address        8401 SW 114 ST  
City-State-Zip: MIAMI FL 33156

Title            VP  
Name            ALUKO, OLA  
Address        14951 SW 157 CT  
City-State-Zip: MIAMI FL 33196

Title            VP  
Name            PHILLIP, PAUL  
Address        1200 GINGER CIRCLE  
City-State-Zip: WESTON FL 33326

Title            SECY  
Name            HOLLAND, ROBERT  
Address        1231 NE 83 ST  
City-State-Zip: MIAMI FL 33138

Title            DIRECTOR  
Name            GULLEY, CLINTON  
Address        7959 SW 184TH WAY  
City-State-Zip: MIAMI FL 33197

Title            TREASURER  
Name            ROYSTON, ALVA  
Address        8832 SW 209TH TERRACE  
City-State-Zip: CUTLER BAY FL 33189

Title            DIRECTOR  
Name            COUSINS, HERBERT  
Address        3966 WEST HIBISCUS ST  
City-State-Zip: WESTON FL 33332

Title            DIRECTOR  
Name            JONAS, CECIL MD  
Address        4272 SW 186 AVE  
City-State-Zip: MIRAMAR FL 33029

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN MCADORY

PRESIDENT

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURKETT, MARTIN  
Address 14131 SW 33 CT  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name TRIBBLE, KEITH  
Address 17321 SW 35 ST  
City-State-Zip: MIRAMAR FL 33029

Title DIRECTOR  
Name HALL, ANTHONY  
Address 650 COCONUT PALM TERR  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name HARTLEY, BRODES  
Address 19338 SW 80 CT  
City-State-Zip: CUTLER BAY FL 33157