

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004032

Entity Name: ALPHA RHO BOULE FOUNDATION, INC

Current Principal Place of Business:

10300 SW 216TH ST
MIAMI, FL 33190

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:

MONCRIEF, LAWRENCE E
9425 PEABODY CT
BOCA RATON, FL 33496 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

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

Title VP
Name JONAS, CECIL R DR
Address 4272 SW 186TH AVE
City-State-Zip: MIRMAR FL 33029

Title VP
Name MCADORY, JOHN T DR
Address 8401 SW 114TH ST
City-State-Zip: MIAMI FL 33156

Title SECY
Name MONCRIEF, LAWRENCE
Address 9425 PEABODY CT
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name ALSTON, COREY L
Address 8620 NW 48TH ST
City-State-Zip: LAUDERHILL FL 33351

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 CRANT, GERALD
Address 8560 SW 166TH ST
City-State-Zip: PALMETTO BAY FL 33157

Continues on page 2

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: BRODES HARTLEY

PRESIDENT

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KING-SHAW, RUBEN
Address 465 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MILTON, ISRAEL H
Address 3809 ALCANTRA AVE
City-State-Zip: MIAMI FL 33178

Title DIRECTOR
Name LOCKHART, JAMES AB
Address 1314 LAS OLAS BLVD
1060
City-State-Zip: FT. LAUDERDALE FL 33301