

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004385

Entity Name: COLLEGE SAINT JOSEPH ALUMNI ASSOCIATION INC.**Current Principal Place of Business:**1851 BANKS RD
MARGATE, FL 33063**Current Mailing Address:**7385 NW 68 WAY
PARKLAND, FL 33067 US**FEI Number:** 47-3886118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMSON, CLAUDEL JOSEPH
7385 NW 68 WAY
PARKLAND, FL 33067 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:** CLAUDEL SAMSON

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D/P
Name	SAMSON, CLAUDEL
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

Title	D/VP
Name	PIERROT, HANS M
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

Title	D/VP
Name	JEAN BAPTISTE, JEAN RICHARD
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

Title	D/T
Name	MAGLOIRE, MANFRED
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

Title	D/PR
Name	LAURENT, FRITZ GERALD
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

Title	D/S
Name	CHERIZARD, GREGORY
Address	1851 BANKS RD
City-State-Zip:	MARGATE FL 33063

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: CLAUDEL SAMSON**PRESIDENT**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date