

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711398

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** MERICI ACADEMY ALUMNAE ASSOCIATION, INC.

**Current Principal Place of Business:**

880 NW 132 PL  
MIAMI, FL 33182 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 132 PL  
MIAMI, FL 33182 US

**New Mailing Address:**

**FEI Number:** 65-0032916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGAROLA, MARIELENA  
880 NW 132 PL  
MIAMI, FL 33182 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: TREA  
Name: BORBOLLA, CARMEN R  
Address: 3616 RIVIERA DRIVE  
City-St-Zip: MIAMI, FL 33134

Title: P  
Name: FIGAROLA, MARIELENA  
Address: 880 NW 132 PL  
City-St-Zip: MIAMI, FL 33182

Title: DS  
Name: RABEL, ESTHER  
Address: 7411 SW 131 AVE  
City-St-Zip: MIAMI, FL 33183

Title: DVP  
Name: MARTINEZ, AMERICA  
Address: 7800 S.W. 91 AVE,  
City-St-Zip: MIAMI, FL 33173

Title: DVT  
Name: ARIOSIA, MARTHA I  
Address: 1220 VENETIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: JUNG, SONIA  
Address: 14560 S.W. 145 PLACE  
City-St-Zip: MIAMI, FL 33186

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: CARMEN R. BORBOLLA

TREA

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date