

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90038 015 ****61.25

DOCUMENT # 713496

1. Entity Name

AMERICAN DOMINICAN ALUMNAE, INC.



Principal Place of Business

P.O. BOX 141365
CORAL GABLES FL 33114-1365

Mailing Address

P.O. BOX 141365
CORAL GABLES FL 33114-1365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6212193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIA A
920 ALTARA AVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **AMPARO ARECHABALA**

Street Address (P.O. Box Number is Not Acceptable)
11527 SW 64 STREET

City **MIAMI**

FL

Zip Code
33173

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Amparo Arechabala

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **DUDLEY, BLANCA B**
STREET ADDRESS **405 MALAGA**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, ENCARNACION**
STREET ADDRESS **10214 SW 26 TERRACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PD** ☐ Delete
NAME **SCOTT, AIDA R**
STREET ADDRESS **1788 FAIRHAVEN PLACE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TD** ☐ Delete
NAME **ARECHABALA, AMPARO A**
STREET ADDRESS **11527 SW 64 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aida R. Scott **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/05

DATE

305/854-2064

DAYTIME PHONE #