

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722150

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: SACRED HEART CUBAN ALUMNAE ASSOCIATION INC

**Current Principal Place of Business:**

3307 SW 87 PL.  
MIAMI, FL 33165

**New Principal Place of Business:**

9010 SW 187 TER  
CUTLER BAY, FL 33157

**Current Mailing Address:**

P.O. BOX 142113  
CORAL SPRINGS, FL 33114

**New Mailing Address:**

9010 SW 187 TER  
CUTLER BAY, FL 33157

FEI Number: 23-7171466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, MARTHA B  
3307 SW 87 PL.  
MIAMI, FL 33165 US

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

MOREYRA, ALICIA G  
9010 SW 187 TER  
CUTLER BAY, FL 33157 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: ALICIA G. MOREYRA

01/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANCHEZ, MARTHA B  
Address: 3307 SW 87 PL.  
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete  
Name: RODRIGUEZ, MARY LOU  
Address: 5785 DEVONSHIRE BLVD.  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: DIAZ, ELENA M  
Address: 1211 SW 117 CT.  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOREYRA, ALICIA G  
Address: 9010 SW 187 TER  
City-St-Zip: CUTLER BAY, FL 33157

Title: VP (X) Change ( ) Addition  
Name: QUIRCH, JOSEFINA F  
Address: 443 DAROCO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Change ( ) Addition  
Name: BELTRAN, CONCEPCION R  
Address: 10602 SW 134 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Change (X) Addition  
Name: MUSTELIER, MARGARITA H  
Address: 9216 SW 147 CT  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOREYRA ALICIA G

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date