

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751946

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** FLORIDA DELEGATION, SE--US/JAPAN ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, FL 33152

**New Principal Place of Business:**

9600 NW 38TH STREET  
SUITE 215-B  
DORAL, FL 33178

**Current Mailing Address:**

P. O. BOX 523530  
MIAMI, FL 33152

**New Mailing Address:**

**FEI Number:** 59-2032225      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WOODWARD, DAVE MD  
2801PONCE DE LEON BLVD.  
SUITE 700  
MIAMI, FL 33134 US

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

WOODWARD, DAVE MD  
9600 NW 38TH STREET  
SUITE 215-B  
DORAL, FL 33178 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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: WOODWARD, DAVE  
Address: 2801 PONCE DE LEON, STE 700  
City-St-Zip: MIAMI, FL 33134

Title: CD ( ) Delete  
Name: PRITCHARD, SIBILLE  
Address: 401 WEST COLONIAL DRIVE, STE. 7  
City-St-Zip: ORLANDO, FL 32804

Title: VCD ( ) Delete  
Name: WRIEDEN, JOHN  
Address: FLORIDA INT'L U., UNIVERSITY PARK  
City-St-Zip: MIAMI, FL 33199

Title: STD ( ) Delete  
Name: MATTHEWS, GENE  
Address: 4162 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete  
Name: HAL, SUMRALL  
Address: 5037 BERMUDA  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: PAYNE, ROBERT W  
Address: 504 W. DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MATTHEWS, GENE  
Address: 4162 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: TD (X) Change ( ) Addition  
Name: HAL, SUMRALL  
Address: 5037 BERMUDA  
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVE WOODWARD

MD

05/01/2007

Electronic Signature of Signing Officer or Director

Date