

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751946

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 523530
MIAMI, FL 33152

New Mailing Address:

P. O. BOX 226647
MIAMI, FL 33222

FEI Number: 59-2032225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, DAVE MD
9600 NW 38TH STREET
SUITE 215-B
DORAL, FL 33178 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: MD () Delete
Name: WOODWARD, DAVID
Address: PO BOX 226647
City-St-Zip: MIAMI, FL 33222

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: SUMRALL, HAL
Address: 5037 BERMUDA CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: SCOTT, RICHARD
Address: 100 COLONIAL CTR PKWY, STE 500
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: FLYNN, WILLIAM J
Address: 501 E KENNEDY BLVD, STE 1700
City-St-Zip: TAMPA, FL 33602

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: STD (X) Change () Addition
Name: SCOTT, RICHARD
Address: 100 COLONIAL CTR PKWY, STE 500
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: GEORGE, GABEL
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: DAVID WOODWARD

MD

04/30/2009

Electronic Signature of Signing Officer or Director

Date