



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007224</b> 1. Entity Name <b>SHAW UNIVERSITY FLORIDA ALUMNI - REGION ONE, INC.</b>	
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Principal Place of Business <b>5610 NW 174 DRIVE MIAMI, FL 33055 US</b>	Mailing Address <b>5610 NW 174 DRIVE MIAMI, FL 33055 US</b>
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1033397</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMMS, EVA DOLORES  
5610 NW 174TH DR.  
MIAMI, FL 33055-3539**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000054691 02/17/04-80005-017 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMMS, EVA DOLORES 5610 NW 174TH DR. MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TUCKER, ELIZABETH 2860 NW 185TH ST. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MIMS, NORMA 3010 NW 165TH ST. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKOY, S. FRANK 2350 NE 173RD ST., #315 N. MIAMI BCH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, BETTY 2101 NW 187TH TERR. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINLAY, VINCENT R 1140 NE 163RD ST., #5 N. MIAMI BCH, FL 33162

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IN THIS SPACE**

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:** *Eva Dolores Samms* **Feb 6, 2004** **(205) 625-7934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #