


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007224	
1. Entity Name SHAW UNIVERSITY FLORIDA ALUMNI - REGION ONE, INC.	

Principal Place of Business 5610 NW 174 DRIVE MIAMI, FL 33055 US	Mailing Address 5610 NW 174 DRIVE MIAMI, FL 33055 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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: *Eva Dolores Samms, President* DATE: *April 5, 2007*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000694827 04/17/07-80032-023 61.25
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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 exemptions contained 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 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, Pres. Eva Dolores Samms* DATE: *April 5, 2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR