

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007224

FILED
Feb 02, 2009
Secretary of State

Entity Name: SHAW UNIVERSITY FLORIDA ALUMNI - REGION ONE, INC.

Current Principal Place of Business:

5610 NW 174 DRIVE
MIAMI, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

5610 NW 174 DRIVE
MIAMI, FL 33055 US

New Mailing Address:

FEI Number: 65-1033397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMMS, EVA DOLORES
5610 NW 174TH DR.
MIAMI, FL 330553539 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: PD () Delete
Name: SAMMS, EVA DOLORES
Address: 5610 NW 174TH DR.
City-St-Zip: MIAMI, FL 330553539

Title: SD () Delete
Name: TUCKER, ELIZABETH
Address: 2860 NW 185TH ST.
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: MIMS, NORMA
Address: 3010 NW 165TH ST.
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: MCKOY, S. FRANK
Address: 2350 NE 173RD ST., #315
City-St-Zip: N. MIAMI BCH, FL 33160

Title: D () Delete
Name: HUNT, BETTY
Address: 2101 NW 187TH TERR.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: FINLAY, VINCENT R
Address: 1140 NE 163RD ST., #5
City-St-Zip: N. MIAMI BCH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: TUCKER, ELIZABETH
Address: 600 N W 76 TERR. #106
City-St-Zip: MARGATE, FL 33063

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

Title: D (X) Change () Addition
Name: MCKOY, S. FRANK
Address: 2989 N W 199 TERRACE
City-St-Zip: MIAMI GARDENS., FL 33056-200

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

Title: D (X) Change () Addition
Name: FINLAY, VINCENT R
Address: 19400 N W 18 COURT
City-St-Zip: MIAMI GARDENS., FL 33056

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: EVA DOLORES SAMMS, REGISTERED AGENT

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date