

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007224

FILED  
Jan 05, 2010  
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:**

5610 NW 174 DRIVE  
N/A  
MIAMI, FL 33055 US

**Current Mailing Address:**

5610 NW 174 DRIVE  
MIAMI, FL 33055 US

**New Mailing Address:**

5610 NW 174 DRIVE  
N/A  
MIAMI, FL 33055 US

**FEI Number:** 65-1033397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

Title: SD  
Name: FINLAY, VINCENT R  
Address: 19400 N W 18 COURT  
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: D  
Name: MCKOY, S. FRANK  
Address: 2989 N W 199 TERRACE  
City-St-Zip: MIAMI GARDENS,, FL 33056

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

I hereby 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 all other like empowered.

SIGNATURE: EVA DOLORES SAMMS

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date