

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000520

FILED
Apr 24, 2006
Secretary of State

Entity Name: ALONZO MOURNING CHARITIES, INC.

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 330110
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 65-1075983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMENESH, PETER Z
2601 S. BAYSHORE DR.
SUITE 1401
COCONUT GROVE, FL 33133 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: MOURNING, ALONZO
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD () Delete
Name: FURST, ALLEN
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD () Delete
Name: KAMENESH, PETER Z
Address: 2601 S. BAYSHORE DRIVE, SUITE 1401
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: FURST, ALLEN
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD (X) Change () Addition
Name: HERALD, SARA B
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Change (X) Addition
Name: MOURNING, TRACY W
Address: 3525 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Change (X) Addition
Name: DOTSON, ALBERT
Address: 200 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLEN FURST

DT

04/24/2006

Electronic Signature of Signing Officer or Director

Date