

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000520

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: ALONZO MOURNING CHARITIES, INC.

## Current Principal Place of Business:

2901 FLORIDA AVENUE  
SUITE 806  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

2901 FLORIDA AVENUE  
SUITE 806  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 65-1075983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WILLIAMS-GARY, ANTONIA  
2901 FLORIDA AVENUE  
SUITE 806  
COCONUT GROVE, FL 33133 US

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: CE ( ) Delete  
Name: MOURNING, ALONZO  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD ( ) Delete  
Name: FURST, ALLEN  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD ( ) Delete  
Name: COX, KIMBERLY  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: CORAL GABLES, FL 33133

Title: PD ( ) Delete  
Name: MOURNING, TRACY W  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: DOTSON, ALBERT  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: MIAMI, FL 33133

Title: VPD ( ) Delete  
Name: DIGGS, WILLIAM  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: SCHAEFER, EUGENE  
Address: 2901 FLORIDA AVENUE, SUITE 806  
City-St-Zip: CORAL GABLES, FL 33133

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

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

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

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: ALLEN FURST

T

07/08/2008

Electronic Signature of Signing Officer or Director

Date