

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000520

FILED
Apr 17, 2009
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 ()

Name and Address of Current Registered Agent:

WILLIAMS-GARY, ANTONIA
2901 FLORIDA AVENUE
SUITE 806
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: 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: D () Delete
Name: SCHAEFER, EUGENE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 S. FURST

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date