

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90643 038 ****61.25

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1. Entity Name

UPSILON XI OMEGA COMMUNITY FOUNDATION, INC.



Principal Place of Business

301 NORTH PINE ISLAND RD., #257
PLANTATION FL 33324

Mailing Address

P.O. BOX 120278
FT. LAUDERDALE FL 33312

2. Principal Place of Business

4910 N.W. 18th Court

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill, Fl.

City & State

4. FEI Number

65-1084517

Applied For

Not Applicable

Zip
33313

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODEN-THOMPSON, EDITH
301 N. PINE ISLAND RD., #257
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Devarn M. Flowers

Street Address (P.O. Box Number is Not Acceptable)

4910 N.W. 18th Court

City

Lauderhill

FL

Zip Code

33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Devarn M. Flowers

Devarn M. Flowers
President

April 7, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODEN-THOMPSON, EDITH
STREET ADDRESS 301 N. PINE ISLAND RD., #257
CITY-ST-ZIP PLANTATION FL 33324 ☒ Delete

TITLE VD
NAME JORDAN, Z.FELICIA
STREET ADDRESS 8471 SW 5 STREET APT 108
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE SD
NAME MAXIE-LEE, RACHEL
STREET ADDRESS 4502 NW 36 CT
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE TD
NAME BOWEN, DEBORAH
STREET ADDRESS 10340 NW 12TH PL
CITY-ST-ZIP FORT LAUDERDALE FL 33322 ☒ Delete

TITLE FSD
NAME GOODWIN, SHAROEN
STREET ADDRESS 3460 NW 6 ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE PD
NAME GEORGE, LISA
STREET ADDRESS 182 NW 75 TERR.
CITY-ST-ZIP PLANTATION FL 33317 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Flowers, Devarn M.
STREET ADDRESS 4910 N.W. 18th Court
CITY-ST-ZIP Laudershill, Florida 33313 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Treasurer
NAME Hayes, Margarette H.
STREET ADDRESS 6921 N.W. 45th Court
CITY-ST-ZIP Laudershill, Florida 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Parliamentarian
NAME Jaris Roberts
STREET ADDRESS 7921 N.W. 53rd Street
CITY-ST-ZIP Laudershill, Florida 33351 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Devarn M. Flowers

Devarn M. Flowers

4/7/2004

(954) 443-4879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #