

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 005 ****61.25

DOCUMENT # N01000001948

1. Entity Name
**MOREHOUSE COLLEGE ALUMNI CHAPTER OF
BROWARD COUNTY, FLORIDA, INCORPORATED**



Principal Place of Business
**PO BOX 6127
POMPANO BEACH, FL 33060-6127**

Mailing Address
**PO BOX 6127
POMPANO BEACH, FL 33060-6127**

40044396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1784252

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMES, ROBERT
1577 NW 7TH AVENUE
POMPANO BEACH, FL 33060**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **DP** ☒ Delete
NAME **MCDUFFIE, EALTON**
STREET ADDRESS **5212 NW 66TH AVE.**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **DV** ☒ Delete
NAME **WALTON, JR, COSTELL**
STREET ADDRESS **4949 SW 33 AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DFS** ☐ Delete
NAME **HOLMES, ROBERT**
STREET ADDRESS **1577 NW 7TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **DT** ☐ Delete
NAME **BROWN, SAMUEL**
STREET ADDRESS **2171 NW 33RD AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33311**

TITLE **DS** ☐ Delete
NAME **ALLEN, HERMAN D**
STREET ADDRESS **921 NW 35TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **WILLIAMS, ROBERT C**
STREET ADDRESS **5460 NW 11TH AVE**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **DV** ☐ Change ☐ Addition
NAME **MERRITT, GORDON A**
STREET ADDRESS **2151 NW 20TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Chaplain** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Robert Holmes, Robert Holmes

03-29-05

954-943-7465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #