2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90031 006 ****61.25

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1. Entity Name

MOREHOUSE COLLEGE ALUMNI CHAPTER OF BROWARD COUNTY, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 6127 POMPANO BEACH FL 33060-6127	PO BOX 6127 POMPANO BEACH FL 33060-6127

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1784252 ☐ Applied For ☐ Not Applicable

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 _____ DATE

Signature, type or print name of registered agent and date. Required when changing registered agent.

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS WILLIAMS, NORBERT C 5400 NW TERR LAUDERHILL FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS Jennings Coleman 3011 N W 24th Street Fort Lauderdale, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV MERRITT, GORDON A 278 NW 26TH AVE FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP HOLMES, ROBERT 1577 NW 7TH AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT BROWN, SAMUEL 2171 NW 33RD AVENUE LAUDERDALE LAKES FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	C ALLEN, HERMAN D 921 NW 35TH AVE. FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, PRESIDENT

FILING AND SIGNATURE OF SIGNING OFFICER OR DIRECTOR