

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001948

FILED
Jan 08, 2009
Secretary of State

Entity Name: MOREHOUSE COLLEGE ALUMNI CHAPTER OF BROWARD COUNTY, FLORIDA, INCORPORATED

Current Principal Place of Business:

PO BOX 611605
POMPANO BEACH, FL 330606127

New Principal Place of Business:

1577 N W 7TH AVENUE
POMPANO BEACH, FL 33060

Current Mailing Address:

PO BOX 611605
POMPANO BEACH, FL 330606127

New Mailing Address:

FEI Number: 31-1784252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLMES, ROBERT
1577 NW 7TH AVENUE
POMPANO BEACH, FL 33060 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: DS () Delete
Name: COLEMAN, JENNINGS
Address: 3011 NW 24TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV () Delete
Name: MERRITT, GORDON A
Address: 2781 NW 26TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DP () Delete
Name: HOLMES, ROBERT
Address: 1577 NW 7TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: DT () Delete
Name: BROWN, SAMUEL
Address: 2171 NW 33RD AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: C () Delete
Name: ALLEN, HERMAN D
Address: 921 NW 35TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

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:

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: ROBERT HOLMES

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date