## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006067

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FT. LAUDERDALE, FL 33304

FT. LAUDERDALE, FL 33312

TAPPER, MADGE SC

710 LONG ISLAND AVE.

(X) Delete

Apr 30, 2005 Secretary of State

Entity Name: ST. JAGO ALUMNI ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5181 N. W. 81ST. TERRACE LAUDERHILL, FL 33351 **Current Mailing Address: New Mailing Address:** 5181 N. W. 891ST. TERRACE LAUDERHILL, FL 33351 FEI Number: 65-1139093 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDSON, VIVIAN S PRES 5181 N.W. 81 TERRACE LAUDERHILL, FL 33351 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RHODEN, LOCKSLEY Name: CLARKE, LINTON Name: 11911 N. W. 14TH, STREET Address: 10600 N. W. 1 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PLANTATION, FL 33324 Title: PD () Delete Title: () Change () Addition GOLDSON, VIVIAN S Name: Name: Address: 5181 N. W. 81ST, TERRACE Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: Title: VD. () Delete Title: (X) Change ( ) Addition THOMAS, DESMOND GREEN, EUCLID Name: Name: Address: 5505 FEARNLEY ROAD Address: 6580 N. W. 44 CT. City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAUDERHILL, FL 33319 Title: TD ( ) Delete Title: () Change () Addition Name: RHODEN, LOCKSLEY Name: Address: 11911 N.W. 14TH ST. Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, CALVIN PAD WALKER, GARNET Name: Name: 1217 N. E. 3RD. AVE. N 18932 N. W. 27 AVE. APT#213

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

MIAMI, FL 33056

() Change () Addition

SIGNATURE: VIVIAN S. GOLDSON Ρ 04/30/2005