


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N02000007661 1. Entity Name J.U.G.S. INTERNATIONAL MIAMI CHAPTER, INC.	
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Principal Place of Business 1235 N.W. 42ND STREET MIAMI, FL 33142	Mailing Address 1235 N.W. 42ND STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE

03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 45-0489234	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, DOROTHY D
 1235 N.W. 42ND STREET
 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILDER, DOROTHY 1235 NW 42ND STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD JOHNSTON, MAMIE 2120 NW 193RD TERRACE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLON, DANNIE P 4420 NW 176 ST MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, GWENDOLYN J DR 1011 NW 44TH ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000864215
 04/04/08-80004-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy D Wilder 3/17/08 305-634-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #