

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008140

FILED
May 01, 2007
Secretary of State

Entity Name: CORNWALL COLLEGE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

111 NORTH PINE ISLAND ROAD
SUITE 105
PLANTATION, FL 33324

New Principal Place of Business:

151 NORTH NOB HILL ROAD
SUITE #199
PLANTATION, FL 33324

Current Mailing Address:

111 NORTH PINE ISLAND ROAD
SUITE 105
PLANTATION, FL 33324

New Mailing Address:

151 NORTH NOB HILL ROAD
SUITE #199
PLANTATION, FL 33324

FEI Number: 02-0683998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, EVERETT A ESQ.
111 NORTH PINE ISLAND ROAD
SUITE 105
PLANTATION, FL 33324 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:

Title: PD () Delete
Name: GIBBS, LANCE
Address: 8151 SW 11TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VD () Delete
Name: WALLACE, PHILLIP
Address: 11021 PINE LODGE TRAIL
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: MCCARTHY, ONELL
Address: 6751 SW 10TH COURT
City-St-Zip: PEMBROKE PINES, FL 33023

Title: TD () Delete
Name: DHANA, FIDEL
Address: 10961 PINE LODGE TRAIL
City-St-Zip: DAVIE, FL 33328

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:

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: FIDEL DHANA

TD

05/01/2007

Electronic Signature of Signing Officer or Director

Date