2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N03000002730

1. Entity Name



FILED Apr 02, 2007 8:00 am Secretary of State

THE QUEEN'S COLLEGE ALUMNI ASSOCIATION, FLORIDA CHAPTER INC.				04-0	02-2007 900	86 040 **** <i>6</i>	1.25
6915 TAFT ST 691.		Mailing Address 6915 TAFT ST HOLLYWOOD, FL 33024	-		381 40 411 80 14 80 141 9	I BAN I BUKE MUM LETTO	11/11 8 1 44 10 2 8 1 18 84
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252007 Ch	g-NP	CR2E037 (12/	06)
City & State		City & State		4. FEI Number 05-0563016	3	-	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Reg	gistered Agent	
LAROSE.	JOHN		Name				
6915 TAF			Sireet Addres		ot Acceptable)		
							3
			City			FL Zip	Code -
	a named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	egistered office or regis	stered agent, or both, in t	ne State of Flori	da. Lam familiar	with, and accept
oogu	mond of regional agent.						
SIGNATURE							
3	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE	,
1	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camprus Fund Co	paign Financing	\$5.00 May Be Added to Fees		ke check paya la Department	
1	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be	Florid	ke check paya la Department	of State
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florid S TO OFFICERS	ke check paya la Department	of State
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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 or Bl

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #