

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003184

FILED
Apr 29, 2008
Secretary of State

Entity Name: NCU ALUMNI ASSOCIATION SOUTH FLORIDA CHAPTER INC.

Current Principal Place of Business:

3901 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3901 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 35-2205042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, BEULAH
836 SW 159 WAY
PEMBROKE PINES, FL 33027 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: S () Delete
Name: FLYNN, SHEILA
Address: 901 ALABAMA AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD () Delete
Name: HYATT, EDWIN
Address: 19842 NW 65 CT.
City-St-Zip: MIAMI, FL 33015

Title: DT () Delete
Name: SHAW, BEULAH
Address: 836 SW 159 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

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:

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: BEULAH SHAW

TREA

04/29/2008

Electronic Signature of Signing Officer or Director

Date