

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004143

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: KAPPA ALPHA THETA MIAMI ALUMNAE CHAPTER INC.

## Current Principal Place of Business:

2665 SW 37TH AVE  
#207  
MIAMI, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

2665 SW 37TH AVE  
#207  
MIAMI, FL 33133 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGAN, TRACY  
2665 SW 37TH AVE  
207  
MIAMI, FL 33133 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: P ( ) Delete  
Name: REGAN, TRACY  
Address: 2665 SW 37TH AVE #207  
City-St-Zip: MIAMI, FL 33133 US

Title: T ( ) Delete  
Name: WOODS, SARAH  
Address: 6905 ALMANSA ST.  
City-St-Zip: MIAMI, FL 33146 US

Title: V ( ) Delete  
Name: DIVETO, KELLEY  
Address: 525 N OCEAN BLVD #1418  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S ( ) Delete  
Name: CLELAND, CARRIE  
Address: 1776 SW 16 TERRACE  
City-St-Zip: MIAMI, FL 33145 US

## 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: TRACY REGAN

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date