2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005812

1. Entity Name
COLEGIO MORAVO ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
78 TILFORD-D DEERFIELD BEACH, FL 33442	78 TILFORD-D DEERFIELD BEACH, FL 33442

01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0248234
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIU, RICHARD
78 TILFORD-D
DEERFIELD BEACH, FL 33442

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000616321
02/07/07-80052-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENEDICT, STEVE
STREET ADDRESS	1730 SW 85 TERRACE
CITY-ST-ZIP	MIAMI, FL 33025
TITLE	V
NAME	GREEN, LEONARD DR.
STREET ADDRESS	2990 WENTWORTH
CITY-ST-ZIP	WESTON, FL 33332
TITLE	S
NAME	SIU, RICHARD
STREET ADDRESS	78 TILFORD-D
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
NAME	EBANKS, NICHOLAS
STREET ADDRESS	16035 NW 37 PLACE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard M Siu 1-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #