2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N03000010122

Entity Name: MIAMI EDISON RED RAIDER ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

12367 S.W. 145TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12367 S.W. 145TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 55-0864796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESOUZA, DONNISE A
12367 S.W. 145TH STREET
MIAMI, FL 33186 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: SMITH, ALVIN
Address: 20830 N.E. MIAMI COURT
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete
Name: JOHNSON, JOHN
Address: 1701 N.W. 187 STREET
City-St-Zip: MIAMI, FL 33056

Title: VP ( ) Delete
Name: COOPER, BONITA
Address: 1241 NE 208 TERRACE
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: INGRAHAM, BERNADETTE
Address: 782 N.W. 59 STREET
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete
Name: JAGHAI, DEDRA
Address: 18821 N.W. 29 COURT
City-St-Zip: MIAMI, FL 33056

Title: S ( ) Delete
Name: DESOUZA, DONNISE
Address: 12367 S.W. 145TH STREET
City-St-Zip: MIAMI, FL 33186

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:

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 for the exemption stated in Section 119.07(3)(i), 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: DONNISE DESOUZA S 04/29/2004

Electronic Signature of Signing Officer or Director — Date