

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010528

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** MIAMI CHAPTER OF CARATS, INCORPORATED

**Current Principal Place of Business:**

17774 SW 12 TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17774 SW 12TH STREET  
PEMBROKE PINES, FL 33029

**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:**

ARMBRISTER, JUANITA W  
17774 SW 12TH STREET  
PEMBROKE PINES, FL 33029 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: PRES ( ) Delete  
Name: ARMBRISTER, JUANITA W  
Address: 17774 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: BROWN, LINDA  
Address: 5640 SW 4TH COURT  
City-St-Zip: PLANTATION, FL 33317

Title: RSEC ( ) Delete  
Name: STRACHAN, FLORENCE  
Address: 1341 NW 143 STREET  
City-St-Zip: MIAMI, FL 33167

Title: CSEC ( ) Delete  
Name: RODGERS, EDDYE  
Address: 140 DOCKSIDE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: TREA ( ) Delete  
Name: HOLLIS, OSSIE  
Address: 14820 LOUIS STREET  
City-St-Zip: MIAMI, FL 33176

Title: FSEC ( ) Delete  
Name: NESBITT, ROSA  
Address: 11922 SW 164 AVENUE  
City-St-Zip: MIRAMAR, 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:

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: JUANITA W ARMBRISTER

PRES

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date