2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N03000010616

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04-27-2005 90370 001 ****61 25

| GLENMUIR ALUMNI ASSOCIATION, SOUTH FLORIDA CHAPTER, INC. | | | | | | | 04-27- | 2005 9 | 0370 0 | 002 ***** | 8.75 |
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| Principal Place of E 18623 SW 7TH ST PEMBROKE PINES | Mailing Address 18623 SW 7TH ST PEMBROKE PINES, FL | 33029 | | | | ARIN ON FIN | 1 | | | | |
| 2. Principal Place of Business 3. | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | q | 4212005 | Chg-NP | • | CR2E0 | 37 (10/03) | |
| City & State | | City & State | · | 4. | 77-061 | 3623 | · | | <u> </u> | pplied For ot Applicable | |
| Zip | Country | Zip | Cou | intry | 5. | . Certificate | of Status D | esired | ₽′ | \$8.75 Ad Fee Require | |
| 6. | B. Name and Address of Current F | Registered Agent | | | 7. | Name and | Address o | f New Re | gistered | Agent | |
| BENJAMIN, FI 18623 SW 7TH | | | | Name Street Add | Idress (P.O | . Box Numbe | er is Not Ac | ceptable) | | | |
| PEMBROKE PINES, FL 33029 | | | | | | | | | <u></u> _ | | |
| | | | | City | | | | | Fl | Zip Coo | de |
| | ned entity submits this statement for of registered agent. | the purpose of changing its | registere | ed office or r | registered | agent, or bot | th, in the Sta | ate of Flor | ida. Lam | familiar with | , and accept |
| SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reneating) DATE | | | | | | | | | | | |
| , g | | | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | |
| | - | 9. Election Carr Trust Fund C | | | | | | | | | |
| | - | Trust Fund C | | | □ Ad | ded to Fees | | Flori | da Depa | | N 10 |
| 10. | OFFICERS AND DIR | Trust Fund C | 11. | ion. [| ADD 6 | ded to Fees | ANGES TO | Flori | da Depa | rtment of S | State |
| 10. TITLE DP NAME BE | OFFICERS AND DIR PENJAMIN, FITZROY | Trust Fund C | 11. | ion. [| ADC SAWY | ded to Fees | ANGES TO | Florid OFFICER | S AND D | IRECTORS II | N 10 |
| 10. TITLE DF NAME BESTREET ADDRESS 186 | OFFICERS AND DIR PENJAMIN, FITZROY 8623 SW 7TH ST | Trust Fund C | 11. TITLE NAM STRE | E EET ADDRESS | ADC 6 9AWY0 | ded to Fees DITIONS/CH | ANGESTO | Florid Officer A ELLS | SANDD | IRECTORS I | N 10 Addition |
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I hereby certify that the information supplied with this filing does not qualify 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 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 attacking with an address, with all other like empowered. DIRECTOR/PRESIDENT

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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