

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010616

1. Entity Name

**GLENMUIR ALUMNI ASSOCIATION, SOUTH FLORIDA
CHAPTER, INC.**



Principal Place of Business

**18623 SW 7TH ST
PEMBROKE PINES, FL 33029**

Mailing Address

**18623 SW 7TH ST
PEMBROKE PINES, FL 33029**



07152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0613623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENJAMIN, FITZROY
18623 SW 7TH ST
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENJAMIN, FITZROY 18623 SW 7TH ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, DAVID 13121 SW 130TH ST PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAWYERS, DAHLIA 10727 LAGO WELLEBY DRIVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBB, MAXINE 165 CARIBE COURT WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MILTON 6175 NW 57 ST. #214 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000773550
09/07/07-80003-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Maxine Robb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/07

Date

305-588-0521

Daytime Phone #