

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010616

FILED
Apr 17, 2009
Secretary of State

Entity Name: GLENMUIR ALUMNI ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

18623 SW 7TH ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18623 SW 7TH ST
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 77-0613623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, FITZROY
18623 SW 7TH ST
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: P () Delete
Name: BENJAMIN, FITZROY
Address: 18623 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: NELSON, BARBARA
Address: 3006 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL 33319

Title: T () Delete
Name: SAWYERS, DAHLIA
Address: 10727 LAGO WELLEBY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: NEWMAN, MICHELLE
Address: 885 NW 135TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PRO () Delete
Name: THOMAS, MILTON
Address: 4846 N UNIVERSITY DRIVE #313
City-St-Zip: LAUDERHILL, FL 33351

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: S (X) Change () Addition
Name: NEWMAN, MICHELE V
Address: 885 NW 135TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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: MICHELE V NEWMAN

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date