

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000390

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARDENNE ALUMNI ORGANIZATION OF FLORIDA, INC.

Current Principal Place of Business:

700 N 66TH TERRACE
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

700 N 66TH TERRACE
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-0734591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEANE, JUDITH
700 N 66TH TERRACE
HOLLYWOOD, FL 33024 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: PD () Delete
Name: KEANE, JUDITH
Address: 700 N 66TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD () Delete
Name: GRANT, MICHAEL
Address: 1371 BAYVIEW CT
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: BURRIS, MERTELLA
Address: 4138 NW 88TH AVE E
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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: JUDITH KEANE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date