

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002906

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: MSU ALUMNI CLUB OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4495 BANYAN TRAILS DR.  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

4495 BANYAN TRAILS DR.  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 20-2544185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARVO AND EMERY, P.A.  
888 S ANDREWS  
201  
FORT LAUDERDALE, FL 33316 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: SARABYN, CHARLES D  
Address: 4495 BANYAN TRAILS DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: S/T ( ) Delete  
Name: MEACHUM, GINNY  
Address: 892 SW 9TH STREET  
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP ( ) Delete  
Name: MCLAUGHLIN, GARY  
Address: 9051 NW 193 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: VP ( ) Delete  
Name: BOND, BJ  
Address: 1170 N FEDERAL  
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: VP ( ) Delete  
Name: FLEISCHMANN, JAMES  
Address: 121 RAIN TREE TRAIL  
City-St-Zip: JUPITER, FL 33458 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES D SARABYN

PRES

03/21/2007

Electronic Signature of Signing Officer or Director

Date