

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003038

FILED
May 30, 2008
Secretary of State

Entity Name: SOUTH FLORIDA CHAPTER, SAINT AUGUSTINE'S COLLEGE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

1369 NW 96TH STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

1369 NW 96TH STREET
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 20-3434834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, THELMA B
1369 NW 96TH STREET
MIAMI, FL 33147 US

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: PRES () Delete
Name: DAVIS, THELMA B
Address: 1369 NW 96TH STREET
City-St-Zip: MIAMI, FL 33147 US

Title: VP () Delete
Name: STEWART, EVERETT SR.
Address: 3246 NW 48TH TER.
City-St-Zip: MIAMI, FL 33142 US

Title: SECT () Delete
Name: BROWNE, ANGELITA V
Address: 426 CYPRESS DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/TR (X) Change () Addition
Name: BROWNE, ANGELITA V
Address: 426 CYPRESS DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

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: THELMA B. DAVIS

MRS.

05/30/2008

Electronic Signature of Signing Officer or Director

Date