

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005284

FILED
Feb 09, 2009
Secretary of State

Entity Name: FRIENDS OF MIAMI-DADE URBAN DEBATE LEAGUE, INC.

Current Principal Place of Business:

1221 BRICKELL AVE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

PO BOX 43-0817
SOUTH MIAMI, FL 332430817 US

New Mailing Address:

FEI Number: 20-2927725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, BARBARA
301 CASUARINA CONCOURSE
CORAL GABLES, FL 33143 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: D () Delete
Name: GARRETT, RICHARD G
Address: 1221 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: PT () Delete
Name: GARRETT, BARBARA
Address: 301 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: SCHERKER, ELLIOT H
Address: 1221 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: FRANK, DEBRA
Address: P.O. BOX 43-0817
City-St-Zip: MIAMI, FL 33243

Title: D () Delete
Name: SINGER, STUART
Address: 16021 D'ALENE DR
City-St-Zip: DELRAY BCH, FL 334469559

Title: D () Delete
Name: SHOHAT, EDWARD
Address: 800 BRICKELL AVE., PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

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
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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: BARBARA F. GARRETT

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date