2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2007
Secretary of State

DOCUMENT# N06000000733

Entity Name: ACADEMY OF MEDICAL-SURGICAL NURSES MIAMI HOSPITALITY CHAPTER, INC.

Current Principal Place of Business:

11225 SW 111TH ST
MIAMI, FL 33176

New Principal Place of Business:

7066 SW 164 COURT
MIAMI, FL 33193

Current Mailing Address:

11225 SW 111TH ST
MIAMI, FL 33176

New Mailing Address:

7066 SW 164 COURT
MIAMI, FL 33193

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MONTGOMERY, SARA B
11225 SW 111TH ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

CHEONG, SIMONE M
7066 SW 164 COURT
MIAMI, FL 33193 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: SIMONE CHEONG 09/02/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FISCHER, CYNDI
Address: 25115 SW 129TH AVENUE
City-St-Zip: HOMESTEAD, FL 33032

Title: VD ( ) Delete
Name: CARTER, HENRIETTA S
Address: 10108 NE 1ST AVENUE
City-St-Zip: MIAMI, FL 33138

Title: SD (X) Delete
Name: CHEONG, SIMONE
Address: 7066 SW 164TH COURT
City-St-Zip: MIAMI, FL 33193

Title: TD (X) Delete
Name: MONTGOMERY, SARA
Address: 11225 SW 111TH ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CHEONG, SIMONE M MS.
Address: 7066 SW 164 COURT
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Change ( ) Addition
Name: MCJILTON, JEAN MS.
Address: 8781 SW 200 TERR
City-St-Zip: MIAMI, FL 33189

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: SIMONE CHEONG PRES 09/02/2007
Electronic Signature of Signing Officer or Director Date