

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005011

FILED
Feb 18, 2009
Secretary of State

Entity Name: GREATER MIAMI USBC ASSOCIATION, INC.

Current Principal Place of Business:

8992 SW 209 TER
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

8992 SW 209 TER
MIAMI, FL 33189

New Mailing Address:

FEI Number: 51-0576494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVERS, PATRICIA
14498 SW 127 CT
MIAMI, FL 33186 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: NEVERS, PATRICIA
Address: 14498 SW 127 CT
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: SCHEMER, PHILLIP
Address: 10221 SW 142 ST
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: HARPER, HAROLD J
Address: 8992 SW 209 TER
City-St-Zip: MIAMI, FL 33189

Title: V () Delete
Name: HALL, ROY A
Address: 34505 SW 188 AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: DILLON, JOAN
Address: 9352 SW 40 TER
City-St-Zip: MIAMI, FL 33165

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 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: HAROLD J. HARPER

S

02/18/2009

Electronic Signature of Signing Officer or Director

Date