


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90005 046 \*\*\*\*61.25

<b>DOCUMENT # N06000006271</b> 1. Entity Name <b>DECARTERET COLLEGE ALUMNI ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>99 NW 183 STREET - SUITE 114 MIAMI GARDENS, FL 33169 US</b>			Mailing Address <b>18520 N.W. 67 AVE., SUITE 223 MIAMI LAKES, FL 33015</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <b>APPLIED FOR 20-5063058</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, TANYA T 99 NW 183 STREET SUITE 114 MIAMI GARDENS, FL 33169</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMRIE, GODFREY 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHIN-QUEE, PAUL 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLAUGHLIN, VINCENT 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, TANYA 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, COLLIE 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENROY, ARCHIBALD 18520 NW 67 AVENUE, SUITE 223 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Godfrey Comrie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/26/08 <i>205305</i> <small>Date Daytime Phone #</small>		

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