

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006271

FILED
May 06, 2009
Secretary of State

Entity Name: DECARTERET COLLEGE ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

99 NW 183 STREET - SUITE 114
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18520 N.W. 67 AVE., SUITE 223
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 20-5063058 **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:

WILLIAMS, TANYA T
99 NW 183 STREET
SUITE 114
MIAMI GARDENS, FL 33169 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: PD () Delete
Name: COMRIE, GODFREY
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: DVP () Delete
Name: CHIN-QUEE, PAUL
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: T () Delete
Name: MCLAUGHLIN, VINCENT
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKEES, FL 33015 US

Title: SD () Delete
Name: WILLIAMS, TANYA
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: D () Delete
Name: SMITH, COLLIE
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: KENROY, ARCHIBALD
Address: 18520 NW 67 AVENUE, SUITE 223
City-St-Zip: MIAMI LAKES, FL 33015 US

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:

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: GODFREY COMRIE

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date