

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008372

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE NORTH DADE REUNION COMMITTEE, INC.

Current Principal Place of Business:

16030 NW 17TH PLACE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

16030 NW 17TH PLACE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 20-5357462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MILTON
3421 SW 147TH AVENUE
MIRAMAR, FL 33027 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: AP () Delete
Name: ELLISON, EDDIE
Address: 16030 NW 17TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VP () Delete
Name: WALKER, WENDELL
Address: 1515 NW 153RD STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: PR () Delete
Name: HOLSTON, JEROME
Address: 19022 NW 23RD COURT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SEC () Delete
Name: LEMON, BONITA
Address: 1515 NW 153RD STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: T () Delete
Name: PETIT, ERNESTINE
Address: 18186 NW 41ST PLACE
City-St-Zip: MIAMI GARDENS, FL 33055

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: MILTON COLLINS

VP

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date