2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N06000009682 USC ALUMNI ASSOCIATION OF SOUTH FLORIDA INC. Principal Place of Business Mailing Address 120 N.W. 131 STREET 120 N.W. 131 STREET MIAMI, FL 33168 MIAMI, FL 33168 DO NOT WRITE IN THIS SPACE 6. Hame and Address of Current Registered Agent FERDINAND, KENNY 120 N.W. 131 STREET MIAMI, FL 33168

FILED

08 NOV 24 PH 4: 03

LUAHASSEE, FLORIDA



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	Applied For	_
77-0666545	Not Applica	ble
5 Cartificate of Status Desired	\$8.75 Additional	

Fee Required

DO NOT WRITE	-	 -	-
IN THIS SPACE			

1011/21011, 1 6	. 55100			IN '	THIS SPACE		
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature: type-d or printeo name of registered agent and title	il applicable. (NOTE: Registered A	jent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financir Trust Fund Contribution.	° -	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			1-,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	20154 N.M. 36 CT 721 IN OPALOCKA, FL 83056 FT. LAUDE			80	10138365258		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LYDIA ALEXANDER, MYRNA 2/01/1	LEXANDER Wize Court LOCKA, FL.33056 MAXI 1.1815TRZET		12702	00138365258 /0801011001 **61.25		
STREET ADDRESS	20.0			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANNAH J MAXI, LYDIA 7/3 7 N.W./ 960 N.W. 181 STREET ANALA	AMES DOTERRACE			THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNAH FERDINAND, KENNY JACKLY 120 N.W. 131 STREET 18353 F MIAMI, FL 33468 BOCA RA	TAMES IN CARRYL LESHLAKE WAY TONEL-33498		·			
TITLE NAME STREET ADDRESS CIFY-ST-ZIF	A KENNY F	ERPINAND ·131 STREET					
12. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Floride 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.

11-05-08