

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009682

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** USC ALUMNI ASSOCIATION OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

120 N.W. 131 STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

18353 FEWSH LAKE WAY  
BOCA RATON, FL 33498

**Current Mailing Address:**

120 N.W. 131 STREET  
MIAMI, FL 33168

**New Mailing Address:**

18353 FEWSH LAKE WAY  
BOCA RATON, FL 33498

**FEI Number:** 77-0666545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERDINAND, KENNY  
120 N.W. 131 STREET  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

CARRYL, JACKLYN  
18353 FRESH LAKE WAY  
BOCA RATON, FL 33498 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: JACKLYN CARRYL

02/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: AS ( ) Delete  
Name: HANNAH, JAMES  
Address: 7137 N.W. 100 TERRACE  
City-St-Zip: TAMARAC, FL 33321

Title: P ( ) Delete  
Name: ARCHER, JOSEPH  
Address: 721 INDIANA AVE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: V ( ) Delete  
Name: ALEXANDER, MYRNA  
Address: 20154 N.W. 36 CT  
City-St-Zip: OPALOCKA, FL 33056

Title: S ( ) Delete  
Name: MAXI, LYDIA  
Address: 960 N.W. 181 STREET  
City-St-Zip: MIAMI, FL 33177

Title: AT ( ) Delete  
Name: FERDINAND, KENNY  
Address: 120 N.W. 131 STREET  
City-St-Zip: MIAMI, FL 33168

Title: T ( ) Delete  
Name: CARRYL, JACKLYN  
Address: 18353 FRESH LAKE WAY  
City-St-Zip: BOCA RATON, FL 33498

**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: JACKLYN CARRYL

JC

02/11/2009

Electronic Signature of Signing Officer or Director

Date