

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012368

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: AIUSFL ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

2250 N. COMMERCE PARKWAY  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2250 N. COMMERCE PARKWAY  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 56-2623113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANOIR-DUFF, CARLA  
2250 N. COMMERCE PARKWAY  
WESTON, FL 33326 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: P ( ) Delete  
Name: TULLOCH, MAXINE  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: V (X) Delete  
Name: FILONE, JEAN  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: SIDMAN, KARL  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: MASON, ALSTON  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: TOMASINI, YBRIM  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete  
Name: SWEETING, VALARIE  
Address: 2250 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

**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: KARL SIDMAN

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date