
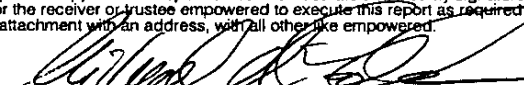



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90006 005 \*\*\*\*61.25

<b>DOCUMENT # N07000000112</b> 1. Entity Name <b>CALABAR HIGH SCHOOL ALUMNI, (FLORIDA CHAPTER) INC.</b>					
Principal Place of Business <b>12031 SW 192 TERRACE MIAMI, FL 33177</b>			Mailing Address <b>PO BOX 524297 MIAMI, FL 33152-4297</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CAMPBELL, EDMUND X 12031 SW 192 TERRACE MIAMI, FL 33177</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>DP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMPBELL, EDMUND X</b>		NAME		
STREET ADDRESS	<b>12031 SW 192 TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>		CITY-ST-ZIP		
TITLE	<b>DVP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHLOSS, MICHAEL</b>		NAME		
STREET ADDRESS	<b>2800 NW 56 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	<b>DT</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCALLA, MICHAEL</b>		NAME		
STREET ADDRESS	<b>1876 N UNIVERSITY DRIVE 101T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>		CITY-ST-ZIP		
TITLE	<b>DS</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STENNETT, CHRISTOPHER</b>		NAME		
STREET ADDRESS	<b>6165 SW 32 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>5-20-08</b> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		