

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90166 031 \*\*\*\*61.25

**DOCUMENT # N07000000617**

1. Entity Name  
**SOUTH FLORIDA REGIONAL CHAPTER KNOXVILLE  
COLLEGE ALUMNI ASSOCIATION INC.**



Principal Place of Business  
**20820 N.W. 32ND AVE  
MIAMI GARDENS, FL 33056**

Mailing Address  
**20820 N.W. 32ND AVE  
MIAMI GARDENS, FL 33056**

**60034310**



2. Principal Place of Business - No P.O. Box #  
**20820 N.W. 32nd Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State  
**Miami Gardens, FL.**

City & State  
**il**

4. FEI Number Applied For  
☒ Not Applicable

Zip Country  
**33056 Miami-Dade**

Zip Country  
**il**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, CHARLIE JR.  
20820 N.W. 32ND AVE  
MIAMI GARDENS, FL 33056**

7. Name and Address of New Registered Agent

Name **Charlie Williams, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**20820 N.W. 32nd Ave.**

City **Miami Gardens, FL.** FL Zip Code **33056**

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.

*This is not for change of agent. Compliance only!*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WILLIAMS, CHARLIE JR.**  
STREET ADDRESS **20820 NW 32ND AVE**  
CITY - ST - ZIP **MIAMI GARDENS, FL 33056**

TITLE **S** ☐ Delete  
NAME **HUTCHINSON, CATHERINE**  
STREET ADDRESS **1550 N W 85TH ST**  
CITY - ST - ZIP **MIAMI, FL 33147**

TITLE **VP** ☐ Delete  
NAME **JACKSON, ANNA**  
STREET ADDRESS **1711 N.W. 183RD ST**  
CITY - ST - ZIP **OPA LOCKA, FL 33054**

TITLE **RS** ☐ Delete  
NAME **BURKE, JAMES**  
STREET ADDRESS **111 N.W. 1ST ST**  
CITY - ST - ZIP **MIAMI, FL 33128**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charlie Williams, Jr. President*

**4/24/08 305625-4002**

Date

Daytime Phone #

ATTACHMENT

Zip Code &amp; Country

33056

US

60032576

# N07000000617

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

WILLIAMS

, CHARLIE

, JR.

- OR -

Entity Name to serve as Officer/Director

Street Address

20820 NW 32ND AVE

City, State

MIAMI GARDENS

, FL

Zip Code &amp; Country

33056

**Name And Address #2**

Title

S

Name (Last, First, Middle, Title)

HUTCHINSON

, CATHERINE

- OR -

Entity Name to serve as Officer/Director

Street Address

1550 N W 85TH ST

City, State

MIAMI

, FL

Zip Code &amp; Country

33147

**Name And Address #3**

Title

VP

Name (Last, First, Middle, Title)

JACKSON

, ANNA

- OR -

Entity Name to serve as Officer/Director

Street Address

1711 N.W. 183RD ST

City, State

OPA LOCKA

, FL

Zip Code &amp; Country

33054

**Name And Address #4**

Title

RS

Name (Last, First, Middle, Title)

BURKE

JAMES

- OR -

Entity Name to serve as Officer/Director

Street Address

111 N.W. 1ST ST

City, State

MIAMI

, FL

Zip Code &amp; Country

33128

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

pres

Officer/Director Signature

Charlie Williams, Jr.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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