

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011485

FILED
Apr 16, 2009
Secretary of State

Entity Name: SOUTH DADE FACULTY ASSOCIATION INC.

Current Principal Place of Business:

29100 SW 194 AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

29100 SW 194 AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 56-2676596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, AMANDA
29100 SW 194 AVE.
MIAMI, FL 330302205 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: PT () Delete
Name: OLIVER, AMANDA
Address: 5119 SW 153 PLACE NORTH
City-St-Zip: MIAMI, FL 33185

Title: S () Delete
Name: BARON, EMILY
Address: 13333 SW 112 TERRACE #3
City-St-Zip: MIAMI, FL 33186

Title: O () Delete
Name: DIEGO, CHRISTINA
Address: 9751 SW 20 STREET
City-St-Zip: MIAMI, FL 33165

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:

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: AMANDA OLIVER

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date