


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90001 014 ****61.25

DOCUMENT # N07000011911 1. Entity Name USCHOOL CREW PARENTS ASSOCIATION, INC.					
Principal Place of Business 2111 NE 211 STREET MIAMI, FL 33179			Mailing Address 2111 NE 211 STREET MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box # 2111 N.E. 211 St.		3. Mailing Address 2111 N.E. 211 St.			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 26-1624988	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent ROBIN, SUSAN K 2255 GLADES ROAD SUITE 340W BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIN, SUSAN K 2111 NE 211 STREET MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President D/P Ray Weldon 809 S.W. 9 St. Ft. Lauderdale, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, SARA 2637 OKEECHOBEE LANE FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VB Sara Nichols 2637 Okeechobee Lane Ft. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-QUINTANA, JOSIE 613 PALM DRIVE HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer D/T Sharon Wender 10532 Kestrel St. Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan K. Robin (Secretary) 2111 N.E. 211 St. (Not director) Miami, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Susan K. Robin (Susan K. Robin), Secretary					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 6/2/08 Daytime Phone # 305-206-8224	