

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003726

FILED
Apr 30, 2009
Secretary of State

Entity Name: MIAMI CENTRAL CLASS OF 1989 ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

13114 SW 23 ST
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

13114 SW 23 ST
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 26-2436285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LANDRY A
13114 SW 23 ST
MIRAMAR, FL 33027 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: LOVINSKY, CARLA
Address: 8730 NW 15TH AVE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: WILLIAMS, LEANAY
Address: 865 NW 84 ST
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: JOHNSON, LANDRY
Address: 13114 SW 23 ST
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: HENDERSON, ENETTE
Address: 16147 SW 25 ST
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: RAYMOND, SANDS
Address: 11251 SW 21 ST
City-St-Zip: MIRAMAR, FL 33025 US

Title: D () Delete
Name: JOHNSON, VERANIKA
Address: 13114 SW 23 ST
City-St-Zip: MIRAMAR, FL 33027 US

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
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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: LANDRY A JOHNSON

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date