

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009039

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** THE MICO UNIVERSITY ALUMNI OF FLORIDA, INC.

**Current Principal Place of Business:**

8011 NW 20TH CT  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8011 NW 20TH CT  
SUNRISE, FL 33322

**New Mailing Address:**

**FEI Number:** 27-3566845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, RUBEN  
8011 NW 20TH CT  
SUNRISE, FL 33322 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: PD  
Name: BROWN, RUBEN  
Address: 8011 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33322

Title: VPD  
Name: RICHARDS, WINSTON  
Address: 3440 NW 40TH CT  
City-St-Zip: LAUDERDALE, FL 33309

Title: TD  
Name: COWARD, MONICA  
Address: 8200 NW 80TH ST  
City-St-Zip: TAMARAC, FL 33321

Title: AT  
Name: LEWIS, ALBERT  
Address: 4460 NW 42ND TERR  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S  
Name: SIMPSON, SANDRA  
Address: 4439 TREEHOUSE LANE APT 119C  
City-St-Zip: TAMARAC, FL 33319

Title: S  
Name: POWER, HYCINTH  
Address: 1631 NW 51ST AVE  
City-St-Zip: LAUDERHILL, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: RB

PD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date