


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90032 047 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N21949</b>  |         |  |         |
| 1. Entity Name<br><b>GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, INC.</b>         |         |   |         |
| Principal Place of Business<br><b>1531 LIGURIA<br/>CORAL GABLES FL 33146<br/>US</b> |         | Mailing Address<br><b>1320 TIDAL POINT BLVD<br/>JUPITER FL 33477<br/>US</b>       |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



MOORE CR2E037 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>65-0004233</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>LUDOVICI, EDWARD P.<br/>17047 SO DIXIE HWY<br/>MIAMI FL 33157</b> |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br>PICKERING, THEODORE H. JR<br>1320 TIDAL POINTE BLVD<br>JUPITER FL <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br>PICKERING, THEODORE H. JR<br>1320 TIDAL POINTE BLVD<br>JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PBCH</b><br>KENT, ERNEST W<br>P O BOX 763 / 308 LT MS MUFFETT<br>KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VPD</b><br>WILFREDO FERRER<br>9563 SW 123 STREET<br>MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br>PEREIRA, EDDY SR<br>10975 SW 25TH ST<br>MIAMI FL 33165 <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3240 MARY STREET<br/>COCOA HAVEN, FL 33133</b>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br>BENEFIELD, HARVEY<br>1261 ALGARDI AVE<br>CORAL GABLES FL <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>FLYNNE THOMAS E<br>251 BUTTONWOOD DRIVE<br>KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:** *Theodore H. Pickering, Jr* **THEODORE H. PICKERING, JR** 2/5/04 561-775-0135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #