## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21949

**FILED** Jul 25, 2007 Secretary of State

Entity Name: GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1531 LIGURIA

CORAL GABLES, FL 33146 LIS

**Current Mailing Address: New Mailing Address:** 

1320 TIDAL POINT BLVD JUPITER, FL 33477

FEI Number: 65-0004233 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LUDOVICI, EDWARD P. 17047 SO DIXIE HWY MIAMI, FL 33157

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete PICKERING, THEODORE H. JR Name: 1320 TIDAL POINTE BLVD Address: City-St-Zip: JUPITER, FL 33477

Title: () Delete Name: FERRER, WILFREDO Address: 9563 SW 123 ST. City-St-Zip: MIAMI, FL 33176

Title: () Delete DURAN, FELOPED Name:

10431 N KENDALL DR APT 0414 Address:

City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete BENEFIELD, HARVEY Name: Address: 1261 ALGARDI AVE City-St-Zip: CORAL GABLES, FL

Title: () Delete FLYNNE THOMAS E, Name:

251 BUTTONWOOD DRIVE Address: KEY BISCAYNE, FL 33149 City-St-Zip:

(X) Change ( ) Addition PICKERING, THEODORE H JR. Name: Address: 1320 TIDAL POINTE BLVD City-St-Zip: JUPITER, FL 33477

Title: (X) Change ( ) Addition

Name: FERRER, WILFREDO Address: 9562 SW 123 ST. City-St-Zip: MIAMI, FL 33176

Title: SD (X) Change ( ) Addition

PHILLIPS, SAM Name:

3000 CORAL WAY, APT. 1508 Address:

City-St-Zip: MIAMI, FL 33145

Title: TD (X) Change ( ) Addition

BENEFIELD, HARVEY Name: Address: 1261 ALGARDI AVE City-St-Zip: CORAL GABLES, FL 33146

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: THEODORE PICKERING, JR. PD 07/25/2007