


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N26174	
1. Entity Name THE MICO ALUMNI ASSOCIATION OF SO. FLA. INC.	

Principal Place of Business P O BOX 17855 PLANTATION, FL 33318	Mailing Address P O BOX 17855 PLANTATION, FL 33318
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0139620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDSAY, SHIRLEY 10699 SW 20TH COURT MIRAMAR, FL 33025	
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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 *Shirley M. Lindsay* **SHIRLEY M. LINDSAY** **5/10/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, STAN 6710 SW 26 CT. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONAS, CORAL 4581 NW 43RD CT. LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDSAY, SHIRLEY 10699 S.W. 20TH CT. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BOOTH, ERNEST 1300 ST CHARLES PL, #720 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, NORMA 1800 SW 81 AVE., #1303 NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD EVANS, ERROL 9360 NW 42 CT. SUNRISE, FL 33351

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05/13/05-80004-022 61.25

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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: *Shirley M. Lindsay* **5/10/05** **(954) 450-1928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #