

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90306 018 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
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				7. Name and Address of New Registered Agent	
LINDSAY, SHIRLEY 10699 SW 20TH COURT MIRAMAR, FL 33025				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25^c Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, STAN 6710 SW 26 CT. MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jones, Coral 4581 NW 43rd Ct. Lauderdale Lakes, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONAS, CORAL 4581 NW 43RD CT. LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Evans, Errol 9360 NW 42nd Ct. Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDSAY, SHIRLEY 10699 S.W. 20TH CT. MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BOOTH, ERNEST 1300 ST CHARLES PL, #720 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Richards, Winston 3440 NW 40th Ct. Lauderdale Lakes, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, NORMA 1800 SW 81 AVE., #1303 NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD EVANS, ERROL 9360 NW 42 CT. SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Whittick, Alton 4921 NW 13th Ct. Ouderhill, FL 33313
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Shirley M. Lindsay</u> SHIRLEY M. LINDSAY <u>5/2/06 (954) 40-1928</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					