


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N26174 1. Entity Name THE MICO ALUMNI ASSOCIATION OF SO. FLA. INC.	
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Principal Place of Business P O BOX 17855 PLANTATION, FL 33318	Mailing Address P O BOX 17855 PLANTATION, FL 33318
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000726015 05/03/07-80046-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	JONAS, CORAL
NAME	
STREET ADDRESS	4581 NW 43RD CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE PD	EVANS, ERROL
NAME	
STREET ADDRESS	9360 NW 42ND CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351
TITLE VD	LINDSAY, SHIRLEY
NAME	
STREET ADDRESS	10699 S.W. 20TH CT.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE ATD	WINSTON, RICHARDS
NAME	
STREET ADDRESS	3440 NW 40TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE SD	KENNEDY, NORMA
NAME	
STREET ADDRESS	1800 SW 81 AVE., #1303
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE ASD	WHITICK, ALTON
NAME	
STREET ADDRESS	4921 NW 13TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313

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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: *Lindsay* **4/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #