

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39141

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** IMMACULATE CONCEPTION HIGH SCHOOL ALUMNAE ASSOCIATION FLORIDA INCORPORATED

**Current Principal Place of Business:**

1633 VICTORIA POINTE LANE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1633 VICTORIA POINTE LANE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 65-0202548      **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:**

CERA, NANCY  
1633 VICTORIA POINTE LANE  
WESTON, FL 33327      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: CERA, NANCY  
Address: 1633 VICTORIA POINTE LANE  
City-St-Zip: BOCA RATON, FL 33433

Title: PD      ( ) Delete  
Name: NARCISSE, LISA  
Address: 8940 S LAKE DASHA DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: SD      ( ) Delete  
Name: KAKRAH, MARIE  
Address: 15840 SW 102 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: VD      ( ) Delete  
Name: NEITA, CARROL  
Address: 2287 SW 127 TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY CERA

TD

07/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date