

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51072 (9)**  
1. Corporation Name  
**HOLMWOOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business <b>8003</b> 8002 S.W. 6 ST. N. LAUDERDALE FL 33068	Mailing Address P.O. BOX 100425 FT. LAUDERDALE FL 33310-0425 US
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3. Date Incorporated or Qualified <b>09/30/1992</b>	3a. Date of Last Report <b>06/24/1996</b>
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2. Principal Place of Business <b>21 8003 S.W. 6th ST.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 N. LAUDERDALE, FLORIDA</b>	City & State <b>28</b>
Zip <b>24 33068</b>	Country <b>25 BROWARD</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0421944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**VIRTUE, YVONNE**  
**6600 BLUEBERRY COURT**  
**LAUDERHILL FL 33310**

**10. Name and Address of New Registered Agent**

81 Name <b>YVONNE T. PINKNEY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>17521 N.E. FIRST COURT</b>
83
84 City <b>NORTH MIAMI BEACH FL</b>
85 Zip Code <b>33162</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Yvonne T. Pinkney **YVONNE T. PINKNEY PRESIDENT 7-15-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>DALRIO, HAMLIN</b>	
STREET ADDRESS <b>8002 S.W. 6 ST.</b>	
CITY-ST-ZIP <b>N. LAUDERDALE FL 33068</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PINKEY, HAMLIN-</b>	
STREET ADDRESS <b>17521 N.E. 1ST COURT</b>	
CITY-ST-ZIP <b>N. MIAMI BEACH FL 33162</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>GRANT, LESLIE</b>	
STREET ADDRESS <b>18481 S.W. 148 COURT</b>	
CITY-ST-ZIP <b>MIAMI FL 33177</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>COORE-POWELL, SONIA</b>	
STREET ADDRESS <b>7016 OORAL BLVD-</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	
TITLE <b>SA</b>	<input type="checkbox"/> DELETE
NAME <b>CLARKE-DAVIS, DAWN</b>	
STREET ADDRESS <b>5932 N.W. 16TH STREET</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MOORING-THOMAS</b>	
STREET ADDRESS <b>3312 BARNET ROAD</b>	
CITY-ST-ZIP <b>SUNRISE FL 33313</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>VICE PRESIDENT - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DALRIO HAMLIN</b>	
1.3 STREET ADDRESS <b>8003 S.W. 6th ST.</b>	
1.4 CITY-ST-ZIP <b>N. LAUDERDALE, FL, 33068</b>	
2.1 TITLE <b>PRESIDENT - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>PINKNEY YVONNE</b>	
2.3 STREET ADDRESS <b>17521 N.E. FIRST COURT</b>	
2.4 CITY-ST-ZIP <b>NORTH MIAMI BEACH, FL, 33162</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>THOMAS, MORINE</b>	
4.3 STREET ADDRESS <b>3312 BARNET ROAD</b>	
4.4 CITY-ST-ZIP <b>MIRAMAR, FL, 33025</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>ASSISTANT TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>WEXLEY EARLE</b>	
6.3 STREET ADDRESS <b>11669 N.W. 3rd DRIVE</b>	
6.4 CITY-ST-ZIP <b>CORAL SPRINGS, 33071</b>	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne T. Pinkney **YVONNE T. PINKNEY 7-15-97 305 1525 E 10th**

CFR2037 (9/96)