2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# N93000001126

Entity Name: FLORIDA DECA ASSOCIATION & FOUNDATION, INC. - DELTA EPSILON CHI DIVISION

Current Principal Place of Business:

10790 NW 14TH ST.
#180
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

10790 NW 14TH ST.
#180
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 23-7079474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSE, JACK J
10790 NW 14TH ST.
#180
PLANTATION, FL 33322 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: DP ( ) Delete
Name: ROSE, JACK J.
Address: 10790 NW 14TH ST., SUITE 180
City-St-Zip: PLANTATION, FL

Title: DS ( ) Delete
Name: JOANNE, LEONI DR
Address: 1701 NE 127 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: DT ( ) Delete
Name: SHEEKS, JACK DR
Address: 3501 S.W. DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: RICKER, PAUL
Address: 1000 COCONUT CREEK BLVD
City-St-Zip: POMPANO BEACH, FL 33066

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 exemption stated 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 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: JACK J. ROSE DP 01/19/2008

Electronic Signature of Signing Officer or Director — Date