

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001126

FILED  
Jan 25, 2009  
Secretary of State

**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: DP (X) Change ( ) Addition  
Name: ROSE, JACK J  
Address: 10790 NW 14TH ST., SUITE 180  
City-St-Zip: PLANTATION, FL

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

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date