2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003571

FILED
Apr 15, 2009
Secretary of State

Entity Name: FT. LAUDERDALE CHAPTER OF AMERICAN INSTITUTE OF ARCHITECTS INC.

Current Principal Place of Business:

227 SW 2ND AVE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

227 SW 2ND AVE
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-3194582   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

HARDY, DEIRDRE
227 SW 2ND AVE
FT LAUDERDALE, FL 33301   US

Name and Address of New Registered Agent:

RICE, MICHELLE
227 SW 2ND AVE
FT LAUDERDALE, FL 33301   US

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: MICHELLE RICE   04/15/2009
_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title:	D ( ) Delete
Name:	HARDY, DEIRDRE
Address:	227 SW 2ND AVENUE
City-St-Zip:	FT LAUDERDALE, FL 33301

Title:	T ( ) Delete
Name:	DINARDI-RICE, MICHELLE
Address:	227 SW 2 AVE
City-St-Zip:	FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHELLE RICE   T   04/15/2009
_____Electronic Signature of Signing Officer or Director_____   _____Date_____