

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004561

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** FLORIDA NATIONAL COLLEGE STUDENT GOVERNMENT ASSOCIATION INC.

**Current Principal Place of Business:**

4425 W 20TH AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4425 W 20TH AVE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0452124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANTOS, MARIA L  
4425 W 20TH AVE  
HIALEAH, FL 33012 US

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

FOSTER, TRICIA M  
4425 W 20TH AVE  
HIALEAH, FL 33012 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: TRICIA M. FOSTER

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DSS ( ) Delete  
Name: SANTOS, MARIA L  
Address: 4425 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: ALFONSO, JORGE  
Address: 4162 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete  
Name: SANCHEZ, OMAR  
Address: 4162 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

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

Title: DSS (X) Change ( ) Addition  
Name: FOSTER, TRICIA M  
Address: 4425 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

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: TRICIA M. FOSTER

DSS

04/16/2009

Electronic Signature of Signing Officer or Director

Date