

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

87.

08-21-2003 90111 030 ****70.00

DOCUMENT # N93000004561 ✓

1. Entity Name
**FLORIDA NATIONAL COLLEGE STUDENT GOVERNMENT ASSO
CIATION INC.**



Principal Place of Business
**4162 W 12 AVE
HIALEAH FL 33012**

Mailing Address
**4162 W 12 AVE
HIALEAH FL 33012**

55056400

2. Principal Place of Business
4425 W. 20th Ave.

3. Mailing Address
4425 W. 20th Ave.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33012

Country
USA

4. FEI Number **65-0452124**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TANGUAY, DORI M
4162 W 12 AVE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent
Name **Lisa M. Cryer**
Street Address (P.O. Box Number is Not Acceptable)
4425 W. 20th Ave.
City **Hialeah** FL Zip Code **33012**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lisa M. Cryer** DATE **8/19/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANGUAY, DORI 4162 W 12 AVE HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cryer, Lisa 4425 W 20th Ave. Hialeah, FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, JORGE 4162 W 12 AVE HIALEAH FL 33012 <input type="checkbox"/> Delete Dean	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF STUDENT SERVICES DONOVAN, JACQUELINE 4425 W. 20TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, OMAR 4162 W 12 AVE HIALEAH FL 33012 <input type="checkbox"/> Delete Vice President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lisa M. Cryer** DATE **8/19/03** DAYTIME PHONE **(305) 84-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)