

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003843

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FLORIDA ALPHA ASSOCIATION, INC.

**Current Principal Place of Business:**

6255 ROLLING ROAD DR  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

W.D. WRIGHT JR  
5991 SW 85 STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 59-0821239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33134 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: WATKINS, HOWELL II  
Address: 6255 ROLLING ROAD DRIVE  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: CLANCY, PETER J  
Address: 16921 SW 80TH COURT  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: WRIGHT, W D JR  
Address: 5991 SW 85TH STREET  
City-St-Zip: SO. MIAMI, FL 33143

Title: AS ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON BLVD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

**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: W D WRIGHT

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date