## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



OF STATE

## Feb 06 1998 8:00am

! 	1998	DIVISION OF CO	ORPO ATIONS	Secretary of State
DOCUMENT # N9600000900 (8)				
CATHOLIC ALUMNI CLUB OF SOUTH FLORIDA, INC.				
Principal Plac	e of Business	Mailing Address		
6496 MIAMI LA	KES DR	6496 MIAMI LAKES DR.		3. Date Incorporated or Qualified
Miami Fl 3301+   US	4	MIAMI FL 33014 US		02/19/1996
		-		4. FEI Number Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		CO 75 A - 154
21		26	<del></del>	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	le	City & State		7. Is this nonprofit corporation a homeowners association?
<b>23</b> Zip	Country	28	Country	Yes No
24	25	———— ·	o]	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Vo
	9. Name and Address of Curren	nt Registered Agent	81) Name	10. Name and Address of New Registered Agent
Edward Malsey				
10822 SW 88 ST., #S-10				Address (P.O. Box Number is Nos Acceptable)
MIAMI FL 33176			83	
			84 City	Miumi Lukes FL 85 Zip Code 33014
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE,	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)  DATE
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	D   Halsey, Edward	☐ DELETE	1.1 TITLE 1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	6496 MIAMI LAKES DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	M prier	1,4 CITY-ST-ZIP	)
MAME	D HUFF, VICTOR H	DELETE	2.1 TITLE 2.2 NAME	Change Addition C
STREET ADDRESS	7701 CAMINO REAL #A 401		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	DELETE	2. 4 CITY-ST-ZIP	Change
TITLE NAME	D POWERS, RICHARD S	DETELE	3.1 T(TLE 3.2 NAME	Change Addition
STREET ADDRESS	10822 SW 88 ST., S-10		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	Documen	3.4. CITY - ST - ZIP	DY Change X Addition
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	Dorothy Olfred Real, 6408
CITY-ST-ZIP		The sure	4.4 CTY-SY-ZIP	Mrámi, Fl 33143
NAME .		□ DELETE	5.1 TELÉ 5.2 ME	C. L. Lulan star
STREET ADDRESS			5.3 FREET ADDRESS	9820 S.W. 132 Place, 47t. US-101
CITY-ST-ZIP		☐ DELETE	5.4 Y-ST-ZIP	Miliami, Fl 33186
TITLE NAME		™ herei¢	6.1 E.E 6.2 ME	Leas Pereru
STREET ADDRESS			6.3. EET ADDRESS	ESTATION, 6 COUNT
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for t	6.4 Y-ST-ZIP	Pembroke Pines, Fl 54028
indicated	on this annual report or supplied will on this annual report or supplementa director of the corporation or the rece	I annual report is true and accura		id in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in