

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006407

FILED
Feb 17, 2007
Secretary of State

Entity Name: WOLMER'S ALUMNI ASSOCIATION, INC., SOUTH FLORIDA CHAPTER

Current Principal Place of Business:

2821 SW 179TH AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 260652
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0818692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, CLEOPATRA
2821 SW 179TH AVENUE
MIRAMAR, FL 33029 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: P () Delete
Name: PATTERSON, CHARLES
Address: 6635 WEST COMMERCIAL BOULEVARD #216
City-St-Zip: TAMARAC, FL 33319

Title: V () Delete
Name: DAVIS, ERROL
Address: 4014 SW 68TH WAY
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: MILLS, CLEOPATRA
Address: 2821 SW 179TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: S () Delete
Name: WILLIAMS, RICHARD
Address: 14541SW 122 PLACE
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAY, ANDRE
Address: 4345 N.W 45TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: V (X) Change () Addition
Name: BARNES, KIDSON
Address: 7361 N.W 37TH CT.
City-St-Zip: LAUDERHILL, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: PEART, JUSTIN
Address: 1409 N.W 80TH WAY
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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: CLEOPATRA MILLS

T

02/17/2007

Electronic Signature of Signing Officer or Director

Date