

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006407

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

5580 NW 61 STREET
619
COCONUT CREEK, FL 33073

New Principal Place of Business:

2124 N UNIVERSITY DRIVE
SUNRISE, FL 33322

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:

RHOOD, RUPERT
5580 NW 61 STREET
619
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

KIDSON, BARNES W SR
2124 N UNIVERSITY DRIVE
SUNRISE, FL 33322 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: KIDSON W BARNES SR

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: RHOOD, RUPERT
Address: 5580 NW 61 STREET, #619
City-St-Zip: COCONUT CREEK, FL 33073

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNES, KIDSON W SR
Address: 2124 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: V (X) Change () Addition
Name: ANDRE, GRAY
Address: 2124 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: T (X) Change () Addition
Name: SOPHIA, STEWART
Address: 2124 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: V (X) Change () Addition
Name: OMAR, NICHOLSON
Address: 2124 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

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: KIDSON W BARNES SR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date