


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90005 027 \*\*\*\*61.25

<b>DOCUMENT # N99000000452</b>	
1. Entity Name <b>MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.</b>	

Principal Place of Business <b>301 HOLLY LN PLANTATION, FL 33317</b>	Mailing Address <b>301 HOLLY LN PLANTATION, FL 33317</b>
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2. Principal Place of Business - No P.O. Box # <b>1500 NW 180 TERR</b>	3. Mailing Address <b>PO Box # 338</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI GARDENS, FL</b>	City & State <b>Porterdale, GA</b>
Zip <b>33169</b>	Zip <b>30090</b>
Country <b>USA</b>	Country <b>USA</b>



02012008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0910820</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GOODMAN, BARBARA 301 HOLLY LN PLANTATION, FL 33306</b>	
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7. Name and Address of New Registered Agent Name <b>Emily Bellamy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 NW 180 Terrace</b> City <b>Miami Gardens, FL</b> Zip Code <b>33169</b>	
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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  DATE **2/24/08**  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSTON, MIMI 2141 SW 52ND AVE. PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMICA A. JONES 207 N. WATERFORD OAKS DRIVE CEDAR HILL, TX 75104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEINSTEIN, RENEE 4730 SW 62 WAY BG 4 202 DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANNIKA PHILLIPS 3461 NW 213 TERRACE MIAMI GARDENS, FL 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMON, SHELLEY B 21431 HIGHLAND LAKES BLVD. N. MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMILY BELLAMY 1500 NW 180 TERRACE MIAMI GARDENS, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROSS, PAULA 2450 NE 202 ST. N. MIAMI BCH, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RASHID WILLIAMS 240 GLEN ECHO DRIVE COVINGTON, GA 30016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODMAN, BARBARA 301 HOLLY LANE PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTIONETTE DAVIS 5307 COUNTY ROAD 579 SEFFNER, FL 33584 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABELL, MARIANNE 1251 NW 94 AVE. PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVIA KNIGHT 704 CALIBRE LAKE PARKWAY SMYRNA, GA 30082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **2/24/08** (786) 236-4395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR