

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000452

FILED
Apr 15, 2009
Secretary of State

Entity Name: MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

1500 NW 180 TERR
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

PO BOX #338
PORTERDALE, GA 30090

New Mailing Address:

FEI Number: 65-0910820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAMY, EMILY
1500 NW 180 TERRACE
MIAMI GARDENS, FL 33169 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: PD () Delete
Name: JONES, KAMICA A
Address: 207 N WATERFORD OAKS DRIVE
City-St-Zip: CEDAR HILL, TX 75104

Title: VD () Delete
Name: PHILLIPS, DANNIKA
Address: 3461 NW 213 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VD () Delete
Name: BELLAMY, EMILY
Address: 1500 NW 180 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VD (X) Delete
Name: WILLIAMS, RASHID
Address: 240 GLEN ECHO DRIVE
City-St-Zip: COVINGTON, GA 30016

Title: T () Delete
Name: DAVIS, ANTIONETTE
Address: 5307 COUNTY ROAD 579
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: KNIGHT, NOVIA
Address: 704 CALIBRE LAKE PARKWAY
City-St-Zip: SMYRNA, GA 30082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, RASHID G
Address: 2811 GLENLOCKE CIRCLE
City-St-Zip: ATLANTA, GA 30318

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:

Title: S (X) Change () Addition
Name: ASHE, NICOLE
Address: 19301 NE 1ST PLACE
City-St-Zip: MIAMI, FL 33179

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: RASHID G. WILLIAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date