

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001437

**FILED**  
**Jul 13, 2004**  
**Secretary of State****Entity Name:** CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH FLORIDA CHAPTER**Current Principal Place of Business:**P.O. BOX 24045  
FORT LAUDERDALE, FL 33307**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 24045  
FORT LAUDERDALE, FL 33307**New Mailing Address:****FEI Number:** 65-0901204**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRODERICK-SCOTT, HYACINTH ED.D  
7607 HARBOUR BLVD.  
MIRAMAR, FL 33023 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: BRODERICK SCOTT, HYACINTH  
Address: 7607 HARBOUR BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: VD ( ) Delete  
Name: HOWELL, LINWOOD  
Address: 2937 SW VARSITY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD ( ) Delete  
Name: WOODROW, D. SCOTT  
Address: 7607 HARBOUR BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: ATD ( ) Delete  
Name: SMITH, ROBERT  
Address: 1304 BRAEBURN  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SD ( ) Delete  
Name: CHANG, WINSOME  
Address: 2391 SW 83 AVENUE  
City-St-Zip: MIRAMAR, FL 33025

Title: ASD ( ) Delete  
Name: FRANCIS, BALDWIN  
Address: 7940 NW 29TH ST  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: WOODROW, D. SCOTT  
Address: 9011 NORTH MIRAMAR CIRCLE  
City-St-Zip: MIRAMAR, FL 33025

Title: ATD (X) Change ( ) Addition  
Name: BROWN, KENNETH  
Address: 4138 NW 96TH WAY  
City-St-Zip: SUNRISE, FL 33351

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. HYACINTH M. BRODERICK-SCOTT, ED.D.

PD

07/13/2004

Electronic Signature of Signing Officer or Director

Date