

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001437

FILED
Feb 21, 2005
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: 9011 NORTH MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

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

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

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Address:
City-St-Zip:

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: HYACINTH BRODERICK-SCOTT, ED.D.

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date