

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001437

FILED  
May 31, 2008  
Secretary of State

**Entity Name:** CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH FLORIDA CHAPTER

**Current Principal Place of Business:**

9011 N. LAKE MIRAMAR CIRCLE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23744  
FORT LAUDERDALE, FL 33307

**New Mailing Address:**

**FEI Number:** 65-0901204      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POWELL, BETHANY  
2000 NW 187 TERR  
MIAMI GARDENS, FL 33056      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: POWELL, BETHANY  
Address: 2000 NW 187 TERR  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TD      ( ) Delete  
Name: SCOTT, WOODROW  
Address: 9011 NORTH LAKE 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: FRANCIS, BALDWIN  
Address: 7940 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: ASD      ( ) Delete  
Name: LINDO, JENNIFER  
Address: 2730 RIVER RUN CIRCLE  
City-St-Zip: MIRAMAR, FL 33025

**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:

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 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: BETHANY POWELL

PD

05/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date