2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# N99000001437

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 ( )**
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 05/30/2009

Electronic Signature of Signing Officer or Director — Date