

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001437

**FILED**  
**Apr 21, 2011**  
**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:**

9011 N. LAKE MIRAMAR CIRCLE  
MIRAMAR, FL 33025 US

**Current Mailing Address:**

P.O. BOX 23744  
FORT LAUDERDALE, FL 33307

**New Mailing Address:**

P.O. BOX 23744  
FORT LAUDERDALE, FL 33307 US

**FEI Number:** 65-0901204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

Title: TD  
Name: SCOTT, WOODROW  
Address: 9011 NORTH LAKE MIRAMAR CIRCLE  
City-St-Zip: MIRAMAR, FL 33025 US

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

Title: SD  
Name: FRANCIS, BALDWIN  
Address: 7940 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063 US

I hereby 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 all other like empowered.

SIGNATURE: BETHANY POWELL

PD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date