954-292-3816

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N99000001437

SIGNATURE:

## CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH FLORIDA CHAPTER



**FILED** Jun 23, 2003 8:00 am Secretary of State 06-23-2003 90060 041 \*\*\*\*70.00

Principal Plac	e of Business	Mailing Add	Mailing Address								
P.O. BOX 24045 FORT LAUDEROALE FL 33307			P.O. BOX 24045 FORT LAUDERDALE FL 33307								
2. Principal Place of Business		3. Mailing Ad	3. Mailing Address					<b>0</b> 111			
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & St	City & State			4. FEI Number 65-0901204 Applied Fo Not Applied					7
Zip	Country Zip		Country		<b>5.</b> C	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of (	nt		7. N	ame and Ade	dress of New Re				┨	
			···	Name	- 4	X/n Al	<u> </u>	10 Cha		0	1
BRODERICK-SCOTT, HYACINTH ED.D				Street Address (P.O. Box Number is Not Acceptable)							
	RBOUR BLVD.									1	
MIRAMAR	FL 33023										
			City	FL Zip Code						1	
	named entity submits this state	ment for the purpose of	changing its regi	istered office or	r registered age	ent, or both, in	the State of Flor	ida. I am familia	ar with, a	and accept	1
the obligat	ions of registered agent.			•				1 .	,		
(	HINDON S	$\overline{}$						4/26/6	13		
SIGNATURE .	Signature, typed or printed name of registe	red agent and title if applicable.	(NOTE: Reg	gistered Agent signate	ure required when rein	nstating)		DATE			
<del></del>			<del></del>	<del></del>			1 1	<b></b> _			┨
	FILE NOW FEE IS \$61.2	Election Campai	ign Financing	\$5.0	May Be	Mak	e Check Pay	/able 1	to		
5	TICE NOW A CE 13 901.2		Trust Fund Contr	ribution.		d to Fees	Florida	a Departmen			Ì
	ACCEPTED TO THE PARTY OF THE PA	AND DIDECTORS			ADDITI	ONICACHANIC	ES TO OFFICER	CAND DIRECT		10 10	4
10.	PD . OFFICERS /	AND DIRECTORS	Delete	11.	AUUIII	ONS/CHANG	ES TO OFFICER		Change	Addition	3
NAME -	BRODERICK SCOTT, HYAG		1 Delete	NAME					«iaiige		10/01/
STREET ADDRESS	7607 HARBOUR BLVD.			STREET ADDRESS							12
CITY-ST-ZIP	MIRAMAR FE 33023			CITY-ST-ZIP		_					F037
TITLE	VD 5, 0		Delete :	TITLE					Change	Addition	] E
NAME	HOWELL, LINWOOD		ı	NAME							
STREET ADDRESS CITY-ST-ZIP	2937 SW VARSITY LANE	1E2		STREET ADDRESS CITY-ST-ZIP							
	PORT SAINT LUCIE FL 349		Delete					100	Change	Addition	-
TITLE NAME	SUTHERLAND, CORAL	L!	1 Delete	TITLE NAME	Woodre	ow D.S	Scott ur Blv	$(UD)^{\square_0}$	напус	Addition	ĺ
	2735 NE 73RD AVE.			STREET ADDRESS	7607 1	HARBO	ur Blv	D. /			1
CITY-ST-ZIP	SUNRISE FL 33313		ı	CITY-ST-ZIP	MIRA	tMAR.	FL 3	30 Z 3		_	
TITLE	ATD		Delete	TITLE					Change	Addition	
NAME	SMITH, ROBERT		1	NAME							
STREET ADDRESS CITY-ST-ZIP	1304 BRAEBURN	20000		STREET ADDRESS CITY-ST-ZIP							
	NORTH LAUDERDALE FL :										+
TITLE NAME	CHANG, WINSOME	Ĺ	_ Delete	TITLE NAME				□ 0	Change	Addition	
STREET ADDRESS	2391 SW 83 AVENUE			STREET ADDRESS							
.CITY-ST-ZIP	MIRAMAR FL-33025			CITY-ST-ZIP							
TITLE	ASD	<u> </u>	Delete	TITLE	BALDI	WIN F	RANC: M 8Heet FL 3	IS D	hange	Addition	]-
NAME	RUSSELL, LETTIE			NAME	7940 A	UW 29	k 8Heet	-(ASD)			Ì
STREET ADDRESS	3627 NW 122 TERRACE			STREET ADDRESS	MAL	اعلى	C1 3	306 2			
CITY-ST-ZIP	SUNRISE FL 33323			CITY-ST-ZIP							-
indicated	certify that the information supp on this report or supplemental poration or the receiver or truste or on an attachment with an ac	report is true and accura	ite and that my si	ignature shall h	ave the same le	egal effect as	if made under oa	ath; that I am an	officer of	or director	
Granged	or or an addoning it with all at	with deliber like	orthogotor.								1