2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

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Entity Name: MIAMI BEACH HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O DR. JUDITH BERSON LEVINSON
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

New Principal Place of Business:

C/O DR. JUDI BERSON LEVINSON
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

Current Mailing Address:

900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

New Mailing Address:

C/O DR. JUDI BERSON LEVINSON
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

FEI Number: 65-1012175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERSON LEVINSON, JUDITH DR.
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

BERSON-LEVINSON, JUDI DR.
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141 US

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: JUDI BERSON-LEVINSON 01/20/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LAVENDER, ABRAHAM D
Address: 123 THIRD STREET #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA ( ) Delete
Name: JUDITH, BERSON LEVINSO DR.
Address: 900 BAY DRIVE PH 1
City-St-Zip: MIAMI BEACH, FL 33141

Title: DIR ( ) Delete
Name: ZEMO, DONA
Address: 3101 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete
Name: JAMIESON, LAURA
Address: 831 10TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: SECT ( ) Delete
Name: HATFIELD, LILIAM
Address: 6215 W 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change ( ) Addition
Name: JUDI, BERSONLEVINSON
Address: 900 BAY DRIVE PH 1
City-St-Zip: MIAMI BEACH, FL 33141

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: JUDI BERSON-LEVINSON TREA 01/20/2008
Electronic Signature of Signing Officer or Director Date