

2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-27-2008 90010 011 ***150.00
P07000133958

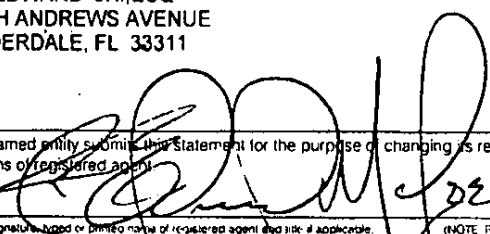
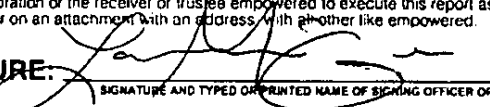
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07222008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000133958					
1. Entity Name THE FORT LAUDERDALE DEBUTANTE ALUMNI SOCIETY, INC.					
Principal Place of Business 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311			Mailing Address 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 80-0256083	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGEE, C EDWARD JR, ESQ 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 8/25/08					
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCGEE, ANDREA		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	1VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	THOMPSON, MONIQUE		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	2VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCILLIA, VICTORIA		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GUNDLACH, CATE		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	EPSTEIN, GINA		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	ASD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCGEE, LAUREN		NAME		
STREET ADDRESS	2850 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: 			8-21-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		