

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109094

FILED
Jun 15, 2009
Secretary of State

Entity Name: MIAMI ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY INC.

Current Principal Place of Business:

11250 WASHINGTON BOULEVARD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PO BOX 680726
MIAMI, L3 331680726

New Mailing Address:

PO BOX 680726
MIAMI, FL 331680726

FEI Number: 59-6209598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, REGINA M
11250 WASHINGTON BOULEVARD
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRACE, REGINA M
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: 1VP () Delete
Name: ALEXANDER, LOIS
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: 2VP () Delete
Name: ASHLEY, LOIS W
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: RS () Delete
Name: THOMPSON, PRISCILLA
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: T () Delete
Name: BRYANT, BRENDA
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILES, REGINA M
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT/REGINA M. GILES

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date