

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N01000000520

Entity Name: ALONZO MOURNING CHARITIES, INC.

Current Principal Place of Business:

2901 FLORIDA AVENUE
SUITE 806
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2901 FLORIDA AVENUE
SUITE 806
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-1075983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS-GARY, ANTONIA
2901 FLORIDA AVENUE
SUITE 806
COCONUT GROVE, FL 33133 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CE () Delete
Name: MOURNING, ALONZO
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: COCONUT GROVE, FL 33133 US

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

Title: TD () Delete
Name: FURST, ALLEN
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: COCONUT GROVE, FL 33133 US

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

Title: SD () Delete
Name: COX, KIMBERLY
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: CORAL GABLES, FL 33133

Title: D (X) Change () Addition
Name: SCHAEFER, EUGENE
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: CORAL GABLES, FL 33133

Title: PD () Delete
Name: MOURNING, TRACY W
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: COCONUT GROVE, FL 33133

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

Title: D () Delete
Name: DOTSON, ALBERT
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: MIAMI, FL 33133

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

Title: VPD () Delete
Name: DIGGS, WILLIAM
Address: 2901 FLORIDA AVENUE, SUITE 806
City-St-Zip: MIAMI, FL 33133

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: ALLEN FURST

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07/08/2008

Electronic Signature of Signing Officer or Director

Date