2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004427

1. Entity Name
A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ALACHUA FAMILY SERVICE CENTER ALACHUA ELEMENTARY SCHOOL ALACHUA, FL 32616	P.O. BOX 628 ALACHUA, FL 32616

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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3668618
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, ROGER
2212 NW 170TH ST
NEWBERRY, FL 32669

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POSTELL, JACK
STREET ADDRESS	14601 LAKE MAGDALENE CIR
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VD
NAME	JOHNSON, LORENZO
STREET ADDRESS	2946 N.E. DR
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	TD
NAME	DAVIS, CASSANDRA G
STREET ADDRESS	P.O. BOX 101
CITY-ST-ZIP	HIGH SPRINGS, FL 32669
TITLE	SD
NAME	CALHOUN, MARIE J
STREET ADDRESS	P.O. BOX 434
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	C
NAME	CANTY, DORIS
STREET ADDRESS	6130 NW 28 TER
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	P
NAME	KING, ROGER
STREET ADDRESS	2712 NW 170 ST
CITY-ST-ZIP	NEWBERRY, FL 32669

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05/08/06-80006-017 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Calhoun Marie J. Calhoun 04/24/06 386-462-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #