

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18095 (2)

1. Corporation Name

BOCA CIEGA HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6144 10 AVE S
GULFPORT FL 33707-0157**

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GULFPORT FL 33707-0157**

**APPROVED
AND
FILED**

SUN MAY -1 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2738528

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAONESSA, BARBARA M.
924 58TH STREET SOUTH
GULFPORT FL 33707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JONES, PIPER T.
STREET ADDRESS	7800 PAR AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD
NAME	VAN ALSTYNE, KEN
STREET ADDRESS	8950 PARK BLVD., #307
CITY - ST - ZIP	SEMINOLE FL
TITLE	VD
NAME	HODGES, PAUL S.
STREET ADDRESS	409 PEGASUS AVE S
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	LANNING, PAMELA S.
STREET ADDRESS	6144 10 AVE S
CITY - ST - ZIP	GULFPORT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if checked), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

Paul S Hodges **PAUL S HODGES** **Tron** **30ABQ95 (813) 461-5824**