


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000007088

1. Entity Name
LAKE WORTH HIGH SCHOOL ALUMNI FOUNDATION, INC.



| | |
|---|---|
| Principal Place of Business 1701 LAKE WORTH ROAD LAKE WORTH, FL 33460 | Mailing Address 1701 LAKE WORTH ROAD LAKE WORTH, FL 33460 |
|---|---|



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0891802 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HALL, RANDALL B
 6797 BAYSHORE DRIVE
 LAKE WORTH, FL 33462**

DO NOT WRITE IN THIS SPACE

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, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THOMAS, VIRGINIA 100 ROSEMOUNT DRIVE ATLANTIS, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEPHENS, ROBERTA 304 GOLFVIEW RD. NORTH PALM BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MACON, CHAR 427 PINE VILLA DRIVE ATLANTIS, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HALL, RANDY 6797 BAYSHORE DR. LAKE WORTH, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/13/04-80059-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R. B. Hall* **1/9/04 (561) 533-6340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #