

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002355

Entity Name: YORK CASTLE HIGH SCHOOL ALUMNI ASSOCIATION FLORIDA CHAPTER INC.**FILED**
Mar 27, 2016
Secretary of State
CC0954214718**Current Principal Place of Business:**8362 PINES BOULEVARD
SUITE 460
PEMBROKE PINES, FL 33024**Current Mailing Address:**8362 PINES BOULEVARD
SUITE 460
PEMBROKE PINES, FL 33024 US**FEI Number: 46-5096916****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**AMIEL, JACQUELINE
8362 PINES BOULEVARD
SUITE 460
PEMBROKE PINES, FL 33024 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**Officer/Director Detail :**

Title	PRESIDENT
Name	BETTON, RUDOLPH B JR.
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

Title	ASST. SECRETARY
Name	HARRIS VASSELL, ALISON
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	HEMMINGS, NEVILLE
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

Title	SECRETARY
Name	AMIEL, JACQUELINE A
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

Title	D
Name	WILLIAMS, ROSEMARIE
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	DUNCAN, PATRICK
Address	8362 PINES BOULEVARD SUITE 460
City-State-Zip:	PEMBROKE PINES FL 33024

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE AMIEL**SECRETARY****03/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date