

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006885

Entity Name: KING HIGH SCHOOL ALUMNI ORGANIZATION, INC.**Current Principal Place of Business:**6815 NORTH 56TH STREET
TAMPA, FL 33610**Current Mailing Address:**POST OFFICE BOX 291271
TEMPLE TERRACE, FL 33687**FEI Number:** 47-1423197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIVENS, STANN ESQ.
201 N. FRANKLIN STREET
SUITE 1700
TAMPA, FL 33602 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	CHAIRMAN
Name	ROWAN, MICHAEL
Address	6815 NORTH 56TH STREET
City-State-Zip:	TAMPA FL 33610

Title	DIRECTOR
Name	CLARKE, JAMES
Address	6111 E LIBERTY AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	FISHER, JIMMY
Address	13912 SHADY SHORES DRIVE
City-State-Zip:	TAMPA FL 33613

Title	DIRECTOR
Name	JOHNSON, CASPER
Address	11104 RICHLYNE STREET
City-State-Zip:	TAMPA FL 33617

Title	D
Name	AFFRONTI, JOEY
Address	616 HALLIEWOOD AVE.
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	D
Name	MORA, GWEN
Address	6615 GLENCOE DR.
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	VANCE, EDWARD
Address	9233 KINGSRIDGE DR.
City-State-Zip:	TEMPLE TERRACE FL 33637

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: JAMES CLARKE

DIRECTOR

04/20/2016

Electronic Signature of Signing Officer/Director Detail_____
Date