

2024 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:**6815 N 56TH ST
TAMPA, FL 33610 US**FEI Number:** 47-1423197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FILSINGER, BRIAN
730 DRUID HILLS RD
TEMPLE TERRACE, FL 33617 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:** BRIAN FILSINGER

03/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROWAN, MICHAEL
Address 6815 NORTH 56TH STREET
City-State-Zip: TAMPA FL 33610

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

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

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

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

Title DIRECTOR
Name EWELL, TIFFANY
Address 6815 NORTH 56TH STREET
City-State-Zip: TAMPA FL 33610

Title PRESIDENT
Name FILSINGER, BRIAN
Address 730 DRUID HILLS RD
City-State-Zip: TEMPLE TERRACE FL 33617

Title SECRETARY
Name OXLEY, ELIZABETH
Address 9108 CANBERLEY DR
City-State-Zip: TAMPA FL 33647

Continues on page 2

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: NICHOLE WHITEHURST**TREASURER**

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	WHITEHURST, NICHOLE
Address	26141 SWORD DANCER DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33544