

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767222

1. Corporation Name

The Mulberry High School Alumni

Principal Place of Business Scholarship Fund.

1716 Cherry Lane Lakeland, FL. 33811 1716 Cherry Lane Lakeland, FL. 33811

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 City & State | | 27 City & State | | 59-2867232 | | Not Applicable | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

Murphy, Ramona
1716 Cherry Lane
Lakeland, FL. 33811

10. Name and Address of New Registered Agent

| | |
|---|-------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 200001854912 |
| 84 City | 06/07/96-01011-012 |
| | ***61.25 FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P Mills, Randall <input type="checkbox"/> DELETE | 1.1 TITLE | D Schle, Esther <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4095 Davis | 1.2 NAME | 231 Hillside |
| STREET ADDRESS | Mulberry, FL. 33860 | 1.3 STREET ADDRESS | Lakeland, FL. 33813 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VP EMMONS, Diane <input type="checkbox"/> DELETE | 2.1 TITLE | D Parrish, Duke <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2585 2nd Ave | 2.2 NAME | 406 Peninsula Dr. |
| STREET ADDRESS | Mulberry, FL. 33860 | 2.3 STREET ADDRESS | Lakeland, FL. 33813 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VP Mills, Vonda <input type="checkbox"/> DELETE | 3.1 TITLE | D Faulk, Bernice <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4095 Davis | 3.2 NAME | 6016 Christina Dr. |
| STREET ADDRESS | Mulberry, FL. 33860 | 3.3 STREET ADDRESS | Lakeland, FL. 33813 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D Dixon, E.D. "Bud" <input type="checkbox"/> DELETE | 4.1 TITLE | D Turner, Betty Lou <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5320 Sunset Way | 4.2 NAME | 901 lot. ST. N.E. |
| STREET ADDRESS | Lakeland, FL. 33805 | 4.3 STREET ADDRESS | Mulberry, FL. 33860 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D Allen, Wilbur <input type="checkbox"/> DELETE | 5.1 TITLE | D Hall, Alan <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2130 E.F. Griffin Ad. | 5.2 NAME | 2020 S.R. 37. S |
| STREET ADDRESS | Barlow, FL. 33830 | 5.3 STREET ADDRESS | Mulberry, FL. 33860 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D Whidden, Fran <input type="checkbox"/> DELETE | 6.1 TITLE | D Cecile Jordan <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 375 Brannen Rd. | 6.2 NAME | 615 Willow Run |
| STREET ADDRESS | Lakeland, FL. 33813 | 6.3 STREET ADDRESS | Lakeland, FL. 33813 |
| CITY-ST-ZIP | | 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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Ramona J. Murphy 4-29-96 646-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)