


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 016 ****61.25

DOCUMENT # N00000002881 1. Entity Name HALLANDALE HIGH ALUMNI AND FRIENDS ASSOCIATION, INCORPORATED					
Principal Place of Business 1749 E. HALLANDALE BEACH BLVD., #210 HALLANDALE BEACH, FL 33009			Mailing Address 1749 E. HALLANDALE BEACH BLVD., #210 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSER, TAMMY 2710 PLUNKETT STREET HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Tammie Royster Alford Street Address (P.O. Box Number is Not Acceptable) 2710 Plunkett Street City Hollywood FL Zip Code 33020	
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 <u><i>Tammie Royster Alford</i></u> Tammie Royster Alford (Treasurer) (NOTE: Registered Agent signature required when reinstating) DATE <u>3/24/04</u>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORDON, GUNEA D 2400 E. LAS OLAS BLVD., STE.247 FT. LAUDERDALE, FL 33307	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, VERNELL 304 N.W. 3RD. COURT HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEAN, CEDRIC 621 NW 5TH AVENUE HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, VON 114 NW 1ST AVENUE HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAYERS, LYDIA 2440 JACKSON STREET #C HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Tammie Royster Alford</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3/29/04</u> (754) 803-0978 Daytime Phone #	

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