

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002881

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** HALLANDALE HIGH ALUMNI AND FRIENDS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1749 E. HALLANDALE BEACH BLVD.,#210  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1749 E. HALLANDALE BEACH BLVD.,#210  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 65-0958823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFORD, TAMMIE ROYSTER  
2710 PLUNKETT STREET  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GORDON, QUNEA D  
Address: 2400 E. LAS OLAS BLVD.,STE.247  
City-St-Zip: FT. LAUDERDALE, FL 33307

Title: VD ( ) Delete  
Name: THOMAS, VERNELL  
Address: 304 N.W. 3RD. COURT  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: REMBERT, JOVAN  
Address: 509 N.W. 7TH COURT  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: QUNEA D. GORDON

PD

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date