

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90062 041 ****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 P. O. Box 3745 Suite, Apt. #, etc.		3. Mailing Address P. O. Box 3745 Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50062710</div>	
City & State Hallandale Beach, Fla.		City & State Hallandale Beach, Fla.		4. FEI Number 65-0958823	
Zip 33009		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFORD, TAMMIE ROYSTER 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: Tammie Royster Alford (Treasurer) </div> <div style="width: 35%; text-align: right;"> 8/15/05 DATE </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		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, QUNEA 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	VD REMBERT, JOVAN 509 N.W. 7TH 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		<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	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	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: Qunea D Gordon			8/15/05 DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT)			(954) 803-0978 Daytime Phone #		