


**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N00000002881</b> 1. Entity Name <b>HALLANDALE HIGH ALUMNI AND FRIENDS ASSOCIATION, INCORPORATED</b>	
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Principal Place of Business <b>P.O. BOX 3745 HALLANDALE BEACH, FL 33009</b>	Mailing Address <b>P.O. BOX 3745 HALLANDALE BEACH, FL 33009</b>
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0958823</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**ALFORD, TAMMIE ROYSTER  
2710 PLUNKETT STREET  
HOLLYWOOD, FL 33020**

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IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE Tammie Royster Alford 3/19/2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Treasurer/ Tammie Royster Alford**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, QUNEA D 2400 E. LAS OLAS BLVD.,STE.247 FT. LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, VERNELL 304 N.W. 3RD. COURT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REMBERT, JOVAN 509 N.W. 7TH COURT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000679103  
04/03/07-80025-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

**SIGNATURE:** Qunea Gordon 3/19/07 (954) 803-0998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President / Qunea Gordon**