


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004427	
1. Entity Name A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC.	

Principal Place of Business ALACHUA FAMILY SERVICE CENTER ALACHUA ELEMENTARY SCHOOL ALACHUA, FL 32616	Mailing Address P.O. BOX 628 ALACHUA, FL 32616
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3668618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KING, ROGER
2212 NW 170TH ST
NEWBERRY, FL 32669**

DO NOT WRITE
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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	DIXON, PATRICIA
NAME	17771 NW 239TH TERRACE
STREET ADDRESS	HIGH SPRINGS, FL 32643
CITY - ST - ZIP	
TITLE TD	JOHNSON, BARBARA
NAME	1327 WEST SR 235
STREET ADDRESS	ALACHUA, FL 32615
CITY - ST - ZIP	
TITLE P	DAVIS, CASSANDRA G
NAME	P.O. BOX 101
STREET ADDRESS	HIGH SPRINGS, FL 32669
CITY - ST - ZIP	
TITLE V	CALHOUN, MARIE J
NAME	P.O. BOX 434
STREET ADDRESS	ALACHUA, FL 32616
CITY - ST - ZIP	
TITLE C	MOORE, RUTHIE H
NAME	210 SE 17TH STREET
STREET ADDRESS	HIGH SPRINGS, FL 32643
CITY - ST - ZIP	
TITLE SD	KING, ROGER
NAME	2712 NW 170 ST
STREET ADDRESS	NEWBERRY, FL 32669
CITY - ST - ZIP	

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IN THIS SPACE

U000000331932
05/22/08-80035-002 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 like empowered.

SIGNATURE: Marie J. Calhoun Marie J. Calhoun 04/28/08 386-462-2539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #