

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004427

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

ALACHUA FAMILY SERVICE CENTER  
ALACHUA ELEMENTARY SCHOOL  
ALACHUA, FL 32616

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 628  
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number:** 59-3668618      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: P      ( ) Delete  
Name: DIXON, PATRICIA  
Address: 17771 NW 239TH TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TD      ( ) Delete  
Name: JOHNSON, BARBARA  
Address: 1327 WEST SR 235  
City-St-Zip: ALACHUA, FL 32615

Title: P      ( ) Delete  
Name: DAVIS, CASSANDRA G  
Address: P.O. BOX 101  
City-St-Zip: HIGH SPRINGS, FL 32669

Title: V      ( ) Delete  
Name: CALHOUN, MARIE J  
Address: P.O. BOX 434  
City-St-Zip: ALACHUA, FL 32616

Title: C      ( ) Delete  
Name: MOORE, RUTHIE H  
Address: 210 SE 17TH STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD      (X) Delete  
Name: KING, ROGER  
Address: 2712 NW 170 ST  
City-St-Zip: NEWBERRY, FL 32669

**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:

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 exemption stated 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 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: CASSANDRA G. DAVIS

PRES

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date