

N00000004427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

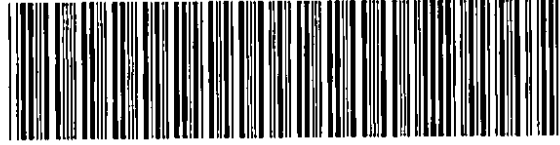
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# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A. L. Mebane High School Alumni Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N00000004427

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Marie J. Calhoun

Name of Contact Person

A. L. Mebane High School Alumni Association, Inc.

Firm/Company

Post Office Box 628

Address

Alachua, Florida 32616

City/State and Zip Code

cmariejc47@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie J. Calhoun

Name of Contact Person

at (386) 462-2539

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2023

MARIE J CALHOUN  
A.L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATI  
POST OFFICE BOX 628  
ALACHUA, FL 32616

SUBJECT: A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC.  
Ref. Number: N00000004427

We have received your document for A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 023A00014175

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A. L. Mebane High School Alumni Association, Inc.

2. The principal office address: Post Office Box 628, Alachua, Florida 32616

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07-05-2000 Document number: N00000004427

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roger King

2212 NW 170th Street

Newberry, Florida 32669

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marie J. Calhoun

16403 NW 141st Street

Alachua, Florida 32616 P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

By: William  
Signature of an officer or director

Byron William  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Marie Calhoun  
Signature of Registered Agent

09-10-2023  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)