AUG-31-2001 06:04 FROM:PATRICA PULLIAM 6169493990

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Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90123 017 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006563

1. Entity Name
MIAMI TALLADEGA COLLEGE ALUMNI ASSOCIATION, INC.

24083684

Principal Place of Business	Mailing Address
14741 PIERCE ST. MIAMI, FL 33176-7527	14741 PIERCE ST. MIAMI, FL 33176-7527

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08312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAIR, CHESTER E JR.
14741 PIERCE ST.
MIAMI, FL 33176-7527

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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 _____ DATE
Signature, typed or printed name of registered Agent and title if Applicable (If Filed, Registered Agent signature required when mailing)

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAIR, CHESTER E JR.
STREET ADDRESS	14741 PIERCE ST.
CITY-ST-ZIP	MIAMI, FL 331767527
TITLE	VD
NAME	ANDERS, ERSLYN F
STREET ADDRESS	78 NE 156TH ST.
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	SD
NAME	SARGENT, CANDACE
STREET ADDRESS	17125 NW 37TH COURT
CITY-ST ZIP	MIAMI, FL 33054
TITLE	SD
NAME	KING, EDWINA S
STREET ADDRESS	10974 SW 158TH TERR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TD
NAME	PUGH, JACQUELYN D
STREET ADDRESS	9765 SW 210TH TERR.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	D
NAME	GREENE, VIVIAN B
STREET ADDRESS	18550 SW 147TH AVE.
CITY-ST-ZIP	MIAMI, FL 33187

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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: JACQUELYN PUGH Jacquelyn Pugh 9-1-04 786 3510142
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #