2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008547

BARTON, GRACE

MIAMI, FL 33169

551 NW 185TH STREET

Name:

Address:

City-St-Zip:

Entity Name: TITCHFIELD ALUMNI ASSOCIATION, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12672 85TH ROAD N WEST PALM BEACH, FL 33412 **Current Mailing Address: New Mailing Address:** 12672 85TH ROAD N WEST PALM BEACH, FL 33412 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARCH, EDITH D 12672 85TH ROAD N WEST PALM BEACH, FL 33412 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARCH, EDITH Name: Name: 12672 85TH ROAD N Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: BERBICK, CHARLES Name: RHODD, HYACINTH Address: 730 SW 94TH TERRACE Address: 9750 SW 218TH STREETT City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIAMI, FL 33190 Title: () Delete Title: () Change () Addition EDWARDS, BARBARA Name: Name: Address: 4913 PELICAN MANOR Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: ASD () Delete Title: () Change () Addition Name: MOO, JACKIE Name: 11955 SW 66TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDITH MARCH PD 04/22/2004