2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2003
Secretary of State

DOCUMENT# N00000008547

Entity Name: TITCHFIELD ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

12672 85TH ROAD N
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

12672 85TH ROAD N
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCH, EDITH D
12672 85TH ROAD N
WEST PALM BEACH, FL 33412

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: MARCH, EDITH
Address: 12672 85TH ROAD N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VD ( ) Delete
Name: BERBICK, CHARLES
Address: 2241 S. SHERMAN CIRCLE, #C-501
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete
Name: RHODD, HYACINTH
Address: 9750 SW 218TH ST.
City-St-Zip: MIAMI, FL 33190

Title: ASD ( ) Delete
Name: EDWARDS, BARBARA
Address: 4913 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete
Name: BARTON, GRACE
Address: 551 NW 185TH STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BERBICK, CHARLES
Address: 730 SW 94TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SD (X) Change ( ) Addition
Name: EDWARDS, BARBARA
Address: 4913 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: ASD (X) Change ( ) Addition
Name: MOO, JACKIE
Address: 11955 SW 66TH AVENUE
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: EDITH D. MARCH PD 04/27/2003

Electronic Signature of Signing Officer or Director — Date