## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N01000003261

QUEEN'S HIGH SCHOOL ALUMNI ASSOCIATION, (FLORIDA CHAPTER) INC.



**FILED** Mar 31, 2005 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

9861 NW 2ND. CT. PORT LAUDERDALE, FL 33324

9715 W BROWARD BLVD PMB 134 PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

03292005 No Chg-NP CR2E037 (10/03)

65-1100914

Applied For Not Applicable

5. Certificate of Status Desired

4, FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPHS-SPAULDING, DOROTHEA 9861 NW 2ND CT. FORT LAUDERDALE, FL 33324

## DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	<ol> <li>Election Campaign Finance</li> <li>Trust Fund Contribution.</li> </ol>	ing	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPHS-SPAULDING, DOROTHEA 9861 NW 2ND COURT PLANTATION, FL 33324				000000282395 03/31/05-80041-015 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUNG, NATALIE 5971 NW 17TH PLACE, #201 SUNRISE, FL 33313				<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKERIDGE, NICOLE 3901 NW 45 TERR FORT LAUDERDALE, FL 33319	-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAKE, MAXINE 1441 SUSSEX DR. POMPANO BEACH, FL 33068	<u> </u>		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ··· -··· , 2*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 laddress, with all other like empowered.					