

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000003261

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



Principal Place of Business

5971 NW 17TH PL
201
FORT LAUDERDALE, FL 33313

Mailing Address

9715 W BROWARD BLVD
PMB 134
PLANTATION, FL 33324



02102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1100914

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUNG, NATALIE
5971 NW 17TH PL
APT 201
FORT LAUDERDALE, FL 33313

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHUNG, NATALIE
STREET ADDRESS 5971 NW 7TH PL 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE S
NAME STEADMAN, CARLEEN
STREET ADDRESS 2671 NW 62ND TERR
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE T
NAME DRAKE BROWN, MAXINE
STREET ADDRESS 1441 SUSSEX DR
CITY-ST-ZIP POMPANO BEACH, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000646444
03/06/07-80032-008 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

Date

Daytime Phone #

954-292-8284