

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005090

FILED
Apr 30, 2005
Secretary of State

Entity Name: DILLARD HIGH SCHOOL CLASS OF 1960, INC.

Current Principal Place of Business:

4815 NW 50TH ST.
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4815 NW 50TH ST.
TAMARAC, FL 33319

New Mailing Address:

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

Name and Address of Current Registered Agent:

BEAN, JAMES W
4815 NW 50TH ST.
TAMARAC, FL 33319 US

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: KING, WILHELMINA
Address: 501 NW 49TH AVE.
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: MYRICK, WILEY JR.
Address: 4210 SW 3RD ST..
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: BROWN, SHERMAN
Address: 4815 NW 50TH ST.
City-St-Zip: TAMARAC, FL 33319

Title: TD () Delete
Name: SHAFFIERS, BETTY
Address: 4815 NW 50TH ST.
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: MCELVY, JULIA
Address: 3491 N.W 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: BROWN, TOMMIE
Address: 2301 N.W 31ST TERR
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, WILHELMINA G
Address: 501 NW 49TH AVE.
City-St-Zip: PLANTATION, FL 33317

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

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

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

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

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: WILHELMINA G. KING

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date