2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2006
Secretary of State

DOCUMENT# N01000006067

Entity Name: ST. JAGO HIGH SCHOOL ALUMNI ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD., #115
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD., #115
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1139093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, DON G
1000 PONCE DE LEON BLVD., #115
CORAL GABLES, FL 33134 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:	JAMES, DON G	
Address:	1000 PONCE DE LEON BLVD., #115	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	CLARKE, LINTON	
Address:	10600 NW 1ST STREET	
City-St-Zip:	PLANTATION, FL 33324	
Title:	SD	( ) Delete
Name:	HARRIS, DIANE	
Address:	4551 NW 23RD STREET	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	TD	( ) Delete
Name:	RHODEN, LOCKSLEY	
Address:	11911 NW 14TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	GREEN, EUCLID	
Address:	6580 NW 44TH COURT	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	D	( ) Delete
Name:	WALKER, GARNETT	
Address:	18932 NW 27TH AVENUE, #213	
City-St-Zip:	MIAMI, FL 33056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 Chapter 119, 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: LINTON CLARKE VD 05/20/2006

Electronic Signature of Signing Officer or Director — Date