

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006067

FILED  
Jul 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3109 JUNIPER LANE  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

3109 JUNIPER LANE  
DAVIE, FL 33330

**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:**

WILLIAMS, ELVIN  
3109 JUNIPER LANE  
DAVIE, FL 33330      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: P      ( ) Delete  
Name: WALKER, GARNETT  
Address: 8243 WINDSOR DRIVE  
City-St-Zip: MIRAMAR, FL 33025

Title: V      ( ) Delete  
Name: GENUS, JENNIFER  
Address: 13035 NW 9TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T      ( ) Delete  
Name: WILLIAMS, ELVIN  
Address: 3109 JUNIPER LANE  
City-St-Zip: DAVIE, FL 33330

Title: S      ( ) Delete  
Name: CLARKE, LINTON  
Address: 10600 NW 1ST STREET  
City-St-Zip: PLANTATION, FL 33324

Title: D      ( ) Delete  
Name: GREENE, EUCLID  
Address: 6580 NW 44TH COURT  
City-St-Zip: LAUDERHILL, FL 33319

Title: D      ( ) Delete  
Name: GILL, DENNIS  
Address: 5180 NW 81ST STREET  
City-St-Zip: LAUDERHILL, FL 33351

**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 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: ELVIN A. WILLIAMS

T

07/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date