2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90824 005 ****61.25

DOCUMENT # N01000006067

1. Entity Name
ST. JAGO ALUMNI ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8579 WHITE EGRET WAY LAKE WORTH FL 33467	8579 WHITE EGRET WAY LAKE WORTH FL 33467

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1139093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, ANTHONY
8579 WHITE EGRET WAY
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL, ANTHONY 8579 WHITE EGRET WAY LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARKE, LINTON 10600 N.W. 1ST STREET PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOLDSON, VIVIAN 3660 N.W. 111 TERR SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RHODEN, LOCKSLEY 11911 N.W. 14TH ST. PEMBROKE PINES FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYTLLE, KEITH PRO 1831 N.W. 56TH TERRACE LAUDERHILL FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER BERLIN PAD 11236 SW 11 ST. PEMBROKE PINES, FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DESMOND SC 5505 FEARNLEY ROAD LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAREN POWELL SC 385 NW 19 CT. POMPANO BEACH, FL 33062	☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED ANTHONY CAMPBELL 2/15/2003 561-355-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR