

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90009 040 \*\*\*\*61.25

**DOCUMENT # N01000008677**  
1. Entity Name  
**MIAMI PALMETTO HIGH SCHOOL WEST PERRINE CLASS OF 1970, INC.**



Principal Place of Business      Mailing Address  
**19640 SW 127 CT**      **19640 SW 127 CT**  
**MIAMI FL 33177-4810**      **MIAMI FL 33177-4810**

**34064001**



MOORE      CR2E037 (11/03)

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      Applied For  
**37-1421544**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TICE, RHONAL S**  
**19640 SW 127 CT**  
**MIAMI FL 33177-4810**

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: *Rhonal S Tice*      **03-17-04**  
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**  
**Due By May 1, 2004**

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

TITLE NAME	PD BANKS, WILSON S	<input type="checkbox"/> Delete
STREET ADDRESS	10128 CIRCLE PLAZA	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE NAME	VD BREWTON, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	10253 SW 169 TERR	
CITY-ST-ZIP	MIAMI FL 33177-4810	
TITLE NAME	SD WILSON, CECELIA B	<input type="checkbox"/> Delete
STREET ADDRESS	17925 SW 105 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	TD TICE, RHONAL S	<input type="checkbox"/> Delete
STREET ADDRESS	19640 SW 127 CT	
CITY-ST-ZIP	MIAMI FL 33177-4810	
TITLE NAME	D BROWN, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	12625 SW 84 AVE RD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	D WILLIAMSON, BENNIE	<input type="checkbox"/> Delete
STREET ADDRESS	17720 SW 102 AVE	
CITY-ST-ZIP	PERRINE FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *Rhonal S Tice*      **03-17-04**      **305-389-8957**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #