

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# N01000008677

Entity Name: MIAMI PALMETTO HIGH SCHOOL WEST PERRINE CLASS OF 1970, INC.

Current Principal Place of Business:

19640 SW 127 CT
MIAMI, FL 331774810

New Principal Place of Business:

Current Mailing Address:

19640 SW 127 CT
MIAMI, FL 331774810

New Mailing Address:

FEI Number: 37-1421544 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TICE, RHONAL S
19640 SW 127 CT
MIAMI, FL 331774810 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: BANKS, WILSON S
Address: 10128 CIRCLE PLAZA
City-St-Zip: PERRINE, FL 33157

Title: VD () Delete
Name: BREWTON, RONALD
Address: 10253 SW 169 TERR
City-St-Zip: MIAMI, FL 331774810

Title: SD () Delete
Name: WILSON, CECELIA B
Address: 17925 SW 105 AVE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: TICE, RHONAL S
Address: 19640 SW 127 CT
City-St-Zip: MIAMI, FL 331774810

Title: D () Delete
Name: BROWN, BARRY
Address: 12625 SW 84 AVE RD
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: WILLIAMSON, BENNIE
Address: 17720 SW 102 AVE
City-St-Zip: PERRINE, FL 33157

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 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: RHONAL S TICE

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date