

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N02000005981

Entity Name: GARVEY MACEO PAST STUDENT ASSOCIATION, INC.

Current Principal Place of Business:

6008 WILEY ST
HOLLYWOOD, FL 33023

New Principal Place of Business:

2906 SUTTON OAKS CT
PLANT CITY, FL 33566

Current Mailing Address:

7912 ORLEANS ST
MIRAMAR, FL 33023

New Mailing Address:

2906 SUTTON OAKS CT
PLANT CITY, FL 33566

FEI Number: 71-0865797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, MARTELL
7912 ORLEANS ST
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

SMITH, NORMAN
2906 SUTTON OAKS CT
PLANT CITY, FL 33566 US

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: NORMAN SMITH 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSE, MARTELL
Address: 7912 ORLEANS STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: DAWES, RUDERICK
Address: 6808 SW 5TH ST
City-St-Zip: HOLLYWOOD, FL 33027

Title: DA () Delete
Name: DAWES, AZRA
Address: 20275 NW 2ND AVE
City-St-Zip: MIAMI, FL 33179

Title: DST () Delete
Name: GOMEZ, CLAUDETTE
Address: 6008 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: M (X) Delete
Name: LEWIS, KIRKLAND
Address: 500 NW 189 TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, NORMAN
Address: 2906 SUTTON OAKS CT
City-St-Zip: PLANT CITY, FL 33566

Title: VP (X) Change () Addition
Name: ELLIS, JERMAINE
Address: 6808 SW 5TH ST
City-St-Zip: HOLLYWOOD, FL 33027

Title: DA (X) Change () Addition
Name: MCDONALD, JUDITH
Address: 20275 NW 2ND AVE
City-St-Zip: MIAMI, FL 33179

Title: DST (X) Change () Addition
Name: SALESMAN, CLAUDETTE
Address: 3501 NASSAU DR
City-St-Zip: MIRAMAR, FL 33023

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: NORMAN SMITH DP 04/30/2004
Electronic Signature of Signing Officer or Director Date