2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N02000005981

Entity Name: GARVEY MACEO PAST STUDENT ASSOCIATION, INC.

Current Principal Place of Business:

2906 SUTTON OAKS CT
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2906 SUTTON OAKS CT
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 71-0865797 **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:

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

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

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

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

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:

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 06/30/2005

Electronic Signature of Signing Officer or Director — Date