

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006351

FILED
Aug 09, 2005
Secretary of State

Entity Name: DIXIE HOLLINS HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

6534-34TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6534-34TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 04-3713820 **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:

Name and Address of New Registered Agent:

BROCK, SHERYL K
6534-34TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BROCK, SHERYL K
Address: 6534-34TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VD () Delete
Name: MACPHERSON, SHAREN
Address: 5645-15TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SD () Delete
Name: YOUNG DOOR, JAN
Address: 7030 MANGO AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D () Delete
Name: REDD, DOUG
Address: 5882-52ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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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: SHERYL K. BROCK

PRES

08/09/2005

Electronic Signature of Signing Officer or Director

Date