


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 050 \*\*\*\*61.25

DOCUMENT # N02000008992	
1. Entity Name THE MIDDLETON SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.	

Principal Place of Business 4826 ASHLAND DR TAMPA, FL 33610-6817	Mailing Address 4826 ASHLAND DR TAMPA, FL 33610-6817
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**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 55-0814193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS SMITH, JERALDINE ESQ  
2504-12TH AVENUE  
HISTORIC YBOR CITY  
TAMPA, FL 33605

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, CAROL Y 4826 ASHLAND DR TAMPA, FL	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, CALVIN 2061 BALFOUR CIR TAMPA, FL 33619	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, DENESE 4411 POMPANO DR TAMPA, FL 33617	Ronida Durant PO Box 1215 Thonotosassa FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, PATRICIA 7131 E. BANK DRIVE TAMPA, FL 33617	Vanderlyn Owens 3606 E. Knollwood Tampa FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR WILLIAMS SMITH, JERALDINE ESQ. 2504-12TH AVENUE TAMPA, FL 33605	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without power.

SIGNATURE:

*Carol Y. Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CAROL Y. LAWRENCE

1/19/06 (813) 626-4798  
Date Daytime Phone #