
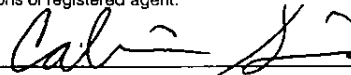
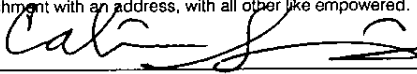


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 047 ****61.25

DOCUMENT # N02000008992 1. Entity Name THE MIDDLETON SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.					
Principal Place of Business 2061 BALFOUR CIR TAMPA FL 33619			Mailing Address 2061 BALFOUR CIR TAMPA FL 33619		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 55-0814193				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Calvin Simmons <small>Signature, typed or printed name of registered agent and title if applicable.</small>				03-12-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, CAROL Y 4826 ASHLAND DR TAMPA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, CALVIN 2061 BALFOUR CIR TAMPA FL 33619
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, CALVIN 2061 BALFOUR CIR TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, JACQUELYN 11302 WESTON POINTE DR #302 BRANDON FL 33511
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURRANT, RHONIDA PO BOX 1215 THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURANT, RONIDA PO BOX 1215 THONOTOSASSA FL 33592
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, VANDERLYN 3606 E. KNOLLWOOD TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, VANDERLYN 3606 E. KNOLLWOOD TAMPA FL 33610
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR WILLIAMS SMITH, JERALDINE ESQ. 2504-12TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR WILLIAMS SMITH, JERALDINE ESQ 2504 12TH AVE TAMPA FL 33605
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
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 all other like empowered.					
SIGNATURE:  Calvin Simmons <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-12-07 <small>Date</small>	
				(813) 987-6846 <small>Daytime Phone #</small>	

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