

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

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



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U000000851124
03/25/08-80025-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, CALVIN 2061 BALFOUR CIR TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, JACQUELYN 11302 WESTON POINTE DR. #302 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURANT, RONIDA PO BOX 1215 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, VANDERLYN 3606 E. KNOLLWOOD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR WILLIAMS SMITH, JERALDINE ESQ. 2504-12TH AVENUE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 all other like empowered.

SIGNATURE: Calvin Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08
Date

(813) 987-6846
Daytime Phone #