

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008992

FILED
Mar 03, 2009
Secretary of State

Entity Name: THE MIDDLETON SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

4826 ASHLAND DR
TAMPA, FL 336106817

New Principal Place of Business:

2061 BALFOUR CIRCLE
TAMPA, FL 33619

Current Mailing Address:

4826 ASHLAND DR
TAMPA, FL 336106817

New Mailing Address:

2061 BALFOUR CIRCLE
TAMPA, FL 33619

FEI Number: 55-0814193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS SMITH, JERALDINE ESQ
2504-12TH AVENUE
HISTORIC YBOR CITY
TAMPA, FL 33605 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: PD () Delete
Name: SIMMONS, CALVIN
Address: 2061 BALFOUR CIR
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: GRIFFIN, JACQUELYN
Address: 11302 WESTON POINTE DR. #302
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: DURANT, RONIDA
Address: PO BOX 1215
City-St-Zip: THONOTOSASSA, FL 33592

Title: TD () Delete
Name: OWENS, VANDERLYN
Address: 3606 E. KNOLLWOOD
City-St-Zip: TAMPA, FL 33610

Title: PAR () Delete
Name: WILLIAMS SMITH, JERALDINE ESQ.
Address: 2504-12TH AVENUE
City-St-Zip: TAMPA, FL 33605

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CALVIN SIMMONS

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date