

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001068

FILED
May 01, 2009
Secretary of State

Entity Name: SHS ALUMNI ASSOCIATION INC.

Current Principal Place of Business:

3027 FINSTERWALD DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3027 FINSTERWALD DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 06-1688024 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:

KAHN, MICHAEL
482 N HARBOR CITY BLVD
MELBOURNE, FL 32935 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: D () Delete
Name: SOMMERS, PETER
Address: 3027 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: KANE, CINDY
Address: 2679 SHELL WOOD DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: WITHERS, GAY
Address: 416 SCHOOL RD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: LASEK, LORRAINE
Address: 1211 NE 27TH WAY
City-St-Zip: POMPANO BEACH, FL 33062

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:

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: PETER T. SOMMERS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date