


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000001687					
1. Entity Name DORSEY HIGH SCHOOL ALUMNI ASSOCIATION "CORP"					
Principal Place of Business 1730 N. W. 74TH STREET MIAMI FL 33147			Mailing Address P. O. BOX 510536 MIAMI FL 33151		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				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			7. Name and Address of New Registered Agent		
FISHER, CARLTON G DR. 1730 N. W. 74TH STREET MIAMI FL 33147			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, CARLTON G DR.		NAME	U00000042082	
STREET ADDRESS	1730 N. W. 74TH STREET		STREET ADDRESS	02/10/04-80009-005 80.00	
CITY - ST - ZIP	MIAMI FL 33147		CITY - ST - ZIP		
TITLE	TV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BALJEAN		NAME		
STREET ADDRESS	4010 N. W. 188TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33056		CITY - ST - ZIP		
TITLE	RECS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BEATRICE A		NAME		
STREET ADDRESS	902 N. E. 209TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI FL 33179		CITY - ST - ZIP		
TITLE	CORS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINKNEY, CONSTANCE J		NAME		
STREET ADDRESS	1507 N. W. 57TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33142		CITY - ST - ZIP		
TITLE	FINS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, GLORIA J		NAME		
STREET ADDRESS	5551 N. W. 1ST AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33127		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, DELORES H		NAME		
STREET ADDRESS	16521 N. W. 17TH PL.		STREET ADDRESS		
CITY - ST - ZIP	OPA LOCKA FL 33169		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlton G. Fisher* 2/15/04 *FDOS 696-9025*