2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N03000001834

Entity Name: OAKLAND HIGH ALUMNI, INC.

Current Principal Place of Business:

2713 ORCHID DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2713 ORCHID DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 54-2095033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, III, DOLPH
2713 ORCHID DRIVE
HAINES CITY, FL 33844 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:	P/D	( ) Delete
Name:	HOWARD, DOLPH P & D	
Address:	2713 ORCHID DRIVE	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	V/D	( ) Delete
Name:	BEDFORD, DIMPLE L V & D	
Address:	1119 AVENUE C	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	T/D	( ) Delete
Name:	LOMAX, JOHNNY L T & D	
Address:	107 SOUTH 14TH STREET	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	S/D	( ) Delete
Name:	CREWS, CHARLIE M S & D	
Address:	603 TANGERINE DRIVE	
City-St-Zip:	DUNDEE, FL 33838 US	
Title:	D	( ) Delete
Name:	BROOKS, AREMENTHA D	
Address:	2524 EVERETT STREET	
City-St-Zip:	LAKE ALFRED, FL 33850 US	
Title:	D	( ) Delete
Name:	PERCELL, ANNIE P D	
Address:	2505 NW 162ND STREET	
City-St-Zip:	MIAMI, FL 33054 US	

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:	
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: DOLPH HOWARD, III PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date