


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004288 1. Entity Name EAST BAY HIGH SCHOOL ALUMNI ASSOCIATION, INC.					
Principal Place of Business 11541 MONETTE ROAD RIVERVIEW, FL 33569			Mailing Address PO BOX 3022 RIVERVIEW, FL 33568		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KILLEBREW, ALBERTA 11541 MONETTE ROAD RIVERVIEW, FL 33569				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				300056149273 06/14/05--01034--018 **61.25	
				City	
				FL	Zip Code
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 <u><i>Alberta L Killebrew</i></u> 05-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, MAURICE		NAME	Mary Lou Hagin Kress	
STREET ADDRESS	10102 KENLAKE		STREET ADDRESS	22600 St Rd 60 E	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Lake Wales, FL 33898	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEBREW, ALBERTA L		NAME	June Shepherd Barbour	
STREET ADDRESS	11541 MONETTE ROAD		STREET ADDRESS	1709 Oakwood Lane W.	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Plant City FL 33563	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANICE E		NAME	Monique Groulx	
STREET ADDRESS	7001 INTERBAY BLVD #207		STREET ADDRESS	P.O. Box 2158	
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP	Riverview, FL 33568-2158	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, PAMELA A		NAME	Rosie Williamson Jones	
STREET ADDRESS	11541 MONETTE ROAD		STREET ADDRESS	7717 Nundy Ave	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Gibsonton, FL 33534	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEREFORD, FRANCES		NAME	Janell Pierce Davis	
STREET ADDRESS	3623 GAVIOTA DR.		STREET ADDRESS	11543 Captiva Key Dr	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, LEONARD		NAME	Shelley Franklin Alfonso	
STREET ADDRESS	7123 E 13TH ST.		STREET ADDRESS	6311 Cottonwood Lane	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Apollo Beach, FL 33572	
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: <u><i>Alberta L Killebrew</i></u> 05-28-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

05 JUN -6 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242005 Chg-NP CR2E037 (10/03)

4. FEI Number
05-0573514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILLEBREW, ALBERTA
11541 MONETTE ROAD
RIVERVIEW, FL 33569

Name
Street Address (P.O. Box Number is Not Acceptable)
300056149273
06/14/05--01034--018 **61.25
City **FL** Zip Code

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

**Make check payable to
Florida Department of State**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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STREET ADDRESS	7123 E 13TH ST.	
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CITY-ST-ZIP	Lake Wales, FL 33898	
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STREET ADDRESS	1709 Oakwood Lane W.	
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TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	P.O. Box 2158	
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CITY-ST-ZIP	Gibsonton, FL 33534	
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NAME	Shelley Franklin Alfonso	
STREET ADDRESS	6311 Cottonwood Lane	
CITY-ST-ZIP	Apollo Beach, FL 33572	

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SIGNATURE: *Alberta L Killebrew* 05-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 Amended Annual Report

Directors Cont'd

11. ^DRex Taylor
1704 Coca Palm Circle
Sun City Center, FL 33573
 12. ^DJames Franklin
515 Apollo Beach Blvd
Apollo Beach, FL 33572
 13. ^DHoward Albritton
219 Crystal Grove Blvd
Lutz, FL 33549
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