2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
05-26-2006 90015 043 ****61.25

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03132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N03000010839

1. Entity Name
MOORE ACADEMY-MICKENS HIGH ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14342 15TH STREET DADE CITY, FL 33523	P O BOX 2531 DADE CITY, FL 33526

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 20-0490354 ☐ 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
COTTON, JULIE CPA 14144 6TH STREET DADE CITY, FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________ DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY ST ZIP	D JOHNSON, PATRICIA 14419 17TH ST DADE CITY, FL 33525	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Penix, Eunice ~~1383~~ 13834 Wilson St Dade City, FL 33525	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PENIX, EUNICE 13834 WILSON ST DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~Bernice~~ VP Mathis, Bermice 37747 Sumner Ave. Dade City, FL 33523	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SIMS, FANNIE P.O.BOX 1404 DADE CITY, FL 33526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PRESSLEY, THERESA 14342 15TH STREET DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Theresa Pressley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #