

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010839**

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



Principal Place of Business

**14342 15TH STREET  
DADE CITY, FL 33523**

Mailing Address

**P O BOX 2531  
DADE CITY, FL 33526**



02022007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**COTTON, JULIE CPA  
14144 6TH STREET  
DADE CITY, FL 33525**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000657955  
03/15/07-80018-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENIX, EUNICE 13834 WILSON ST DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENIX, EUNICE 13834 WILSON ST DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, FANNIE P.O.BOX 1404 DADE CITY, FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSLEY, THERESA 14342 15TH STREET DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMICE, MATHIS 37747 SUMNER AVE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Eunice M. Penix*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-7-07*  
Date

Daytime Phone #