2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N03000010839

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

Current Principal Place of Business:

14342 15TH STREET
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

P O BOX 2531
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 20-0490354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTON, JULIE CPA
14144 6TH STREET
DADE CITY, FL 33525 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 ( ) Delete
Name: PENIX, EUNICE
Address: 13834 WILSON ST
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: PENIX, EUNICE
Address: 13834 WILSON ST
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: SIMS, FANNIE
Address: P.O.BOX 1404
City-St-Zip: DADE CITY, FL 33526

Title: D ( ) Delete
Name: PRESSLEY, THERESA
Address: 14342 15TH STREET
City-St-Zip: DADE CITY, FL 33523

Title: VP ( ) Delete
Name: BERMICE, MATHIS
Address: 37747 SUMNER AVE
City-St-Zip: DADE CITY, FL 33523

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:

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: THERESA PRESSLEY D 02/12/2009

Electronic Signature of Signing Officer or Director — Date