

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90276 023 ****61.25

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01232005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000007920					
1. Entity Name BOCA CIEGA ALUMNI ONLINE, INC.					
Principal Place of Business 540 CARILLON PARKWAY #1054 ST PETERSBURG, FL 33716-1213			Mailing Address 540 CARILLON PARKWAY #1054 ST PETERSBURG, FL 33716-1213		
2. Principal Place of Business			3. Mailing Address P.O. Box 20565		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State St. Petersburg, FL		
Zip	Country	Zip	Country	4. FEI Number 20-1554909	
33742	USA	33742	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICHARD, PIPER T 540 CARILLON PARKWAY #1054 ST PETERSBURG, FL 33716-1213				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	Delete		TITLE	Change Addition
NAME	PRICHARD, ALFRED A			NAME	
STREET ADDRESS	540 CARILLON PARKWAY #1054			STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 337161213			CITY-ST-ZIP	
TITLE	ST	Delete		TITLE	Change Addition
NAME	PRICHARD, PIPER T			NAME	
STREET ADDRESS	540 CARILLON PARKWAY #1054			STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 337161213			CITY-ST-ZIP	
TITLE	V	Delete		TITLE	Change Addition
NAME	YANCY, ROBERTA Z			NAME	
STREET ADDRESS	5942 BURLINGTON AVE			STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33710			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: Piper J. Prichard PIPER T. PRICHARD 4/23/05 421-0272					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					