2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N05000003764

Entity Name: BOCA CIEGA ALUMNI, INC.

Current Principal Place of Business:

924 58TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40894
ST. PETERSBURG, FL 337430894

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HODGES, PAUL S.
4556 GREAT LAKES DR. S.
CLEARWATER, FL 33762 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:	DP	( ) Delete
Name:	PATTON, CHARLES C.	
Address:	7302 1 AVE. NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33707	
Title:	DVP	( ) Delete
Name:	HODGES, NOREEN F.	
Address:	4556 GREAT LAKES DR.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	DV	( ) Delete
Name:	BENTLEY, JAMIE W.	
Address:	6399 17 PLACE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	DT	( ) Delete
Name:	HODGES, PAUL S.	
Address:	4556 GREAT LAKES DR.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	DS	( ) Delete
Name:	YANCEY, ROBERT T.	
Address:	5942 BURLINGTON AVE. NORTH	
City-St-Zip:	ST. PETERBURG, FL 33710	

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:	DS	(X) Change ( ) Addition
Name:	YANCEY, ROBERTA T.	
Address:	5942 BURLINGTON AVE. NORTH	
City-St-Zip:	ST. PETERBURG, FL 33710	

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL S HODGES T 05/15/2006
Electronic Signature of Signing Officer or Director — Date