

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011726

FILED  
Sep 03, 2007  
Secretary of State

**Entity Name:** THE ST JOHN'S ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

5825 PONDWOOD COURT  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5825 PONDWOOD COURT  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

PROSPERE, IRENE DR.  
5825 PONDWOOD COURT  
ORLANDO, FL 32810 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: D ( ) Delete  
Name: PROSPERE, IRENE  
Address: 5825 PONDWOOD COURT  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: FENTON, HENSEY  
Address: 8813 DUNES COURT APT. 201  
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete  
Name: FENTON, EILEEN  
Address: 8813 DUNES COURT APT. 201  
City-St-Zip: KISSIMMEE, FL 34747

Title: M ( ) Delete  
Name: MEADE, MAUDE  
Address: 7 DUNLAP STREE  
City-St-Zip: DORCHESTER, MA 02124 US

Title: SEC ( ) Delete  
Name: LEE, LUCILLE  
Address: 4320 BARNES AVE  
City-St-Zip: BRONX, NY 10466 US

**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: IRENE PROSPERE

D

09/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date