

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011735

FILED
Jan 16, 2009
Secretary of State

Entity Name: BISHOPS' HIGH SCHOOL ALUMNI ASSOCIATION INC, FLORIDA CHAPTER

Current Principal Place of Business:

310 N W 120TH WAY
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

310 N W 120TH WAY
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-3855567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTZ, GINA
1212 NW 192ND LANE
PEMBROKE PINES, FL 33029 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: TROTZ, GINA
Address: 1212 NW 192ND LANE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: FRANKLIN, CHRISTINE
Address: 4285 PINE RIDGE COURT
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: NARAIN, PREA
Address: 310 NW 120TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: MERLENE, WEITHERS
Address: 18571 SW 52ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: PREA NARAIN

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date