

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                     |                                                       |                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N06000003554</b><br>1. Entity Name<br>MIDDLETON HIGH SCHOOL CLASS OF 1967, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                     |                                                       |                                                                                                                                                                                                           |  |
| Principal Place of Business<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                     |                                                       | Mailing Address<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603                                                                                                                                            |  |
| 2. Principal Place of Business - No P.O. Box #<br><u>3006 East 24th Avenue</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 3. Mailing Address<br><u>3006 East 24th Avenue</u>                                  |                                                       |                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | Suite, Apt. #, etc.                                                                 |                                                       |                                                                                                                                                                                                           |  |
| City & State<br><u>TAMPA, FLORIDA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | City & State<br><u>TAMPA, FLORIDA</u>                                               |                                                       | 4. FEI Number<br><u>20-4629963</u>                                                                                                                                                                        |  |
| Zip<br><u>33605</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | Country<br><u>USA</u>                                                               |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br>NIBLACK, SHARON M<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                     |                                                       | 7. Name and Address of New Registered Agent<br>Name: <u>Joe Floyd</u><br>Street Address (P.O. Box Number Not Acceptable):<br><u>3006 East 24th Avenue</u><br>City: <u>TAMPA</u> FL Zip Code: <u>33605</u> |  |
| 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 <u>Joe Floyd</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                     |                                                       | <u>26 March 2008</u><br><small>DATE</small>                                                                                                                                                               |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | \$5.00 May Be<br>Added to Fees                                                                                                                                                                            |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                     |                                                       |                                                                                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P <input type="checkbox"/> Delete<br>COLLINS, CHERYL<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>President<br>Crawford-Russell, OSA<br>3006 E. 24th Avenue<br>TAMPA, FL 33605                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V <input type="checkbox"/> Delete<br>CRAWFORD-RUSSELL, OSA<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>W. B. Williams R.C.<br>3006 East 24th Avenue<br>TAMPA, Florida 33605                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S <input type="checkbox"/> Delete<br>WILLIAMS, ORA<br>1010 E. NORTH BAY STREET<br>TAMPA, FL 33603         |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>S Ellenwood-Dillard, Carol<br>3006 East 24th Avenue<br>TAMPA, Florida 33605                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3/28/08 90029 013-26.25                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3/17/08 01022 017-\$35.00                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 either like empowered. |                                                                                                           |                                                                                     |                                                       |                                                                                                                                                                                                           |  |
| SIGNATURE: <u>Law Russell</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                     |                                                       | <u>19 April 08</u><br><small>Date</small>                                                                                                                                                                 |  |

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