


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006747 1. Entity Name THE MIDDLETON HIGH ALUMNI CLASS OF 1963, INC.	
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Principal Place of Business P. O. BOX 16672 TAMPA, FL 33687	Mailing Address P. O. BOX 16672 TAMPA, FL 33687
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DO NOT WRITE IN THIS SPACE

03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1282415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, JERALDINE W
2504 E. 12TH AVE.
TAMPA, FL 33605-4039**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRINSON, JESSE 4821 ASHLAND DR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAW, GEORGE E 328 DORSETT AVE. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, SHIRLEY G 107 E. EUCLID AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNARD, EMMA T 10216 JOE EBERT RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTER, ELLA F 7117 N. WHITTIER ST. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/23/08-80076-010 61.25

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 all other like empowered.

SIGNATURE: *James Brinson* *PRESIDENT* *4-8-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #