

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000004215

1. Entity Name

BLANCHE ELY HIGH CLASS OF 1965, INC.



Principal Place of Business

217 MW 15TH ST.
POMPANO BCH, FL 33060-5436

Mailing Address

217 MW 15TH ST.
POMPANO BCH, FL 33060-5436



03142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0683782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, BETTYE A
217 MW 15TH ST.
POMPANO BCH, FL 33060-5436

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALKER, BETTYE A
STREET ADDRESS	217 MW 15TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 330605436
TITLE	V
NAME	POITIER, WOODROW J
STREET ADDRESS	217 MW 15TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 330605436
TITLE	S
NAME	VANCE, EFFIE
STREET ADDRESS	217 MW 15TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 330605436
TITLE	T
NAME	SWORN, CORRIS
STREET ADDRESS	217 MW 15TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 330605436
TITLE	D
NAME	WRIGHT, ALBERT
STREET ADDRESS	217 MW 15TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 330605436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80111-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08

954-782-3631