

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004215

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** BLANCHE ELY HIGH CLASS OF 1965, INC.

**Current Principal Place of Business:**

217 NW 15TH ST.  
POMPANO BCH, FL 330605436

**New Principal Place of Business:**

**Current Mailing Address:**

217 NW 15TH ST.  
POMPANO BCH, FL 330605436

**New Mailing Address:**

**FEI Number:** 77-0683782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, BETTYE A  
217 NW 15TH ST.  
POMPANO BCH, FL 330605436 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: WALKER, BETTYE A  
Address: 217 NW 15TH ST.  
City-St-Zip: POMPANO BCH, FL 330605436

Title: V ( ) Delete  
Name: POITIER, WOODROW J  
Address: 901 NW 4TH AVE  
City-St-Zip: POMPANO BCH, FL 33060

Title: S ( ) Delete  
Name: VANCE, EFFIE  
Address: 425 NW 19TH ST.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete  
Name: SWORN, CORRIS  
Address: 1031 SALON ISLES  
City-St-Zip: GREENACRES, FL 334133020

Title: D ( ) Delete  
Name: WRIGHT, ALBERT  
Address: 4740 NW 173RD DR  
City-St-Zip: MIAMI, FL 33055

**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: BETTYE A. WALKER

P

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date