

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N08000006042

**Entity Name:** HERBERT MORRISON TECHNICAL HIGH SCHOOL ALUMNI OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

9050 PINES BLVD  
SUITE 455  
PEMBROKE PINES, FL., 33024

**New Principal Place of Business:**

9050 PINES BLVD  
SUITE 455  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9050 PINES BLVD  
SUITE 455  
PEMBROKE PINES, FL., 33024

**New Mailing Address:**

9050 PINES BLVD  
SUITE 455  
PEMBROKE PINES, FL 33024

**FEI Number:** 26-2936663      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERON, MICHAEL A  
11010 SW 13TH STREET  
PEMBROKE PINES, FL 33025      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: HERON, MICHAEL A  
Address: 11010 SW 13TH STREET  
City-St-Zip: PEMBROKE PINES,, FL 33025 US

Title: VP      ( ) Delete  
Name: STEWART, BRYAN  
Address: 18325 SW 4CT  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TREA      ( ) Delete  
Name: GRANT, DONAT  
Address: 5600 NW 55 LANE  
City-St-Zip: TAMARAC, FL 33054 US

Title: SECT      ( ) Delete  
Name: CHRISTIE, CURTIS  
Address: 15210 NW 32 PLACE  
City-St-Zip: MIAMI GARDENS, FL 33054 US

**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: MICHAEL A. HERON

P

04/23/2009

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

\_\_\_\_\_  
Date