

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011614

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** CLASS OF 1952 DILLARD HIGH SCHOOL, INC.

**Current Principal Place of Business:**

3460 NW 33RD STREET  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3460 NW 33RD STREET  
LAUDERDALE LAKES, FL 33309

**New Mailing Address:**

**FEI Number:** 26-4154099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, ROSCHELL J JR.  
771 NW 22ND ROAD  
FORT LAUDERDALE, FL 33311 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: DP ( ) Delete  
Name: STAFFORD, CLARENCE  
Address: 3460 NW 33RD STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DP ( ) Delete  
Name: LASTER, RAY  
Address: 15040 NW 32ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS ( ) Delete  
Name: BROWN SMITH, THELMA  
Address: 210 NW 12TH AVENUE, BUILDING 8  
City-St-Zip: DANLA, FL 33321

Title: T ( ) Delete  
Name: ETHRIDGE, JAMES  
Address: 3017 NW 8TH ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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: CLARENCE STAFFORD

PRES

03/17/2009

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

\_\_\_\_\_  
Date