

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005923

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** WALTER E. HARRIS HIGH SCHOOL REUNION CLASS OF '70, INC

**Current Principal Place of Business:**

2057 S US 1  
AL JOHNSON  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2057 S US 1  
FT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 27-2863104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, ALFONSO L JR  
2057 S US 1  
FT PIERCE, FL 34950 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  
Name: JOHNSON, ALFONSO L JR  
Address: 2057 S US 1  
City-St-Zip: FT PIERCE, FL 34950

Title: VP  
Name: JOHNSON, ALFREDA  
Address: 2057 S US 1  
City-St-Zip: FT PIERCE, FL 34950

Title: SEC  
Name: TAYLOR, KATHY  
Address: 2057 S US 1  
City-St-Zip: FT PIERCE, FL 34950

Title: ASEC  
Name: JONES, PRISCILLA  
Address: 2057 S US 1  
City-St-Zip: FT PIERCE, FL 34950

Title: TREA  
Name: OLIVER, BARBARA  
Address: 2057 S US 1  
City-St-Zip: FT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: ALFONSO JOHNSON

P

04/30/2012

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

\_\_\_\_\_  
Date