

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000002068

FILED
Oct 01, 2014
Secretary of State

Entity Name: CHISHOLM HIGH ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

606 SOUTH MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

2889 COTTAGEVILLE STREET
DELTONA, FL 32738

Current Mailing Address:

606 SOUTH MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

PO BOX 2612
NEW SMYRNA BEACH, FL 32170

FEI Number: 45-1829625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POOLE, ROGER W SR.
606 SOUTH MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

MICHAEL, WILLIAMS
2889 COTTAGEVILLE STREET
DELTONA, FL 32738 US

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: MICHAEL WILLIAMS

10/01/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WILLIAMS, MICHAEL E
Address: 2889 COTTAGEVILLE STREET
City-St-Zip: DELTONA, FL 32738

Title: VP
Name: WILLIAMS, THELMA
Address: 130 INGRAM ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SEC
Name: STRATTON, JACQUELINE S
Address: 1213 ENTERPRISE AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ASEC
Name: WADE, DORETHA
Address: 1400 JEFFERSON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: CSEC
Name: LAMPKIN, GWENDOLYN
Address: 659 WINCHESTER STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TRES
Name: MITCHELL, RUTH
Address: 2029 VICTORY PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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: MICHAEL WILLIAMS

PRES

10/01/2014

Electronic Signature of Signing Officer or Director

Date