

# 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