FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:51

DOCUMENT # N13607 (9)

1. Corporation Name
MONROE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2254 COCOA FL 32923-2254	P.O. BOX 2254 COCOA FL 32923-2254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent—

DOROTHY CARDER-MOORE
216 GRACE AVE.
COCOA FL 32922

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	RACKSTON, BETTYE	1.2 NAME	Marie L. Smith
STREET ADDRESS	707 AURORA AVE.	1.3 STREET ADDRESS	1514 Clearlake Rd. Unit 77
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, Fl 32922
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BROWN, JULIUS	2.2 NAME	Ella P. Taylor
STREET ADDRESS	210 LEMON ST	2.3 STREET ADDRESS	1514 Clearlake Rd. Unit 88
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Cocoa, Fl 32922
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	POITIER, NORMA	3.2 NAME	
STREET ADDRESS	2460 DELYS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BRADY, BENNIE SMITH	4.2 NAME	
STREET ADDRESS	1050 N. FISKE BLVD.,#402	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, REBECCA	5.2 NAME	
STREET ADDRESS	800 N FISKE BLVD., #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, TOMMIE J	6.2 NAME	
STREET ADDRESS	828 A ANGELA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Carder-Moore Dorothy Carder-Moore 1-29-95 - 6327841
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0036660