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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13607 (9)
1. Corporation Name
MONROE HIGH SCHOOL ALUMNI ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 2254 P.O. BOX 2254
COCOA FL 32823-2254 COCOA FL 32823-2254

3. Date Incorporated or Qualified 02/27/1986 3a. Date of Last Report 02/09/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOROTHY CARDER-MOORE
216 GRACE AVE.
COCOA FL 32922

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARIE L	1.2 NAME	Mary L. Drake
STREET ADDRESS	1514 CLEARLAKE RD UNIT 77	1.3 STREET ADDRESS	538 S Georgia Ave.
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, fl 32922
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TAYLOR, ELLA P	2.2 NAME	
STREET ADDRESS	1514 CLEARLAKE RD UNIT 88	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	POTIER, 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 <input type="checkbox"/> DELETE	4.1 TITLE	
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 <input type="checkbox"/> DELETE	5.1 TITLE	
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 <input type="checkbox"/> DELETE	6.1 TITLE	
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 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: MARIE L. SMITH *Marie L. Smith* 2/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019069

CR2E037 (9/96)