

FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13607 (9)  
1. Corporation Name  
MONROE HIGH SCHOOL ALUMNI ASSOCIATION, INC.



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

Mailing Address  
P.O. BOX 2254  
COCOA FL 32923-2254

3. Date Incorporated or Qualified  
02/27/1986

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ 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 Dorothy Carder-MOORE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1675 GARDEN R. APT. 2  
83  
84 City ROCKLEDGE FL 85 Zip Code 32955

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, MARY L	1.2 NAME	MARIE L. Smith
STREET ADDRESS	538 S GEORGIA AVE	1.3 STREET ADDRESS	P.O. BOX 2195
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA, FL 32923-2195
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ELLA P	2.2 NAME	MARIE L. Smith
STREET ADDRESS	1514 CLEARLAKE RD UNIT 88	2.3 STREET ADDRESS	1104 MONTCLAIR RD.
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
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 <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 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: *Rebecca Baker* 4-13-98 407-632-1807

CP2E037 (10/97)