

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90050 018 ****70.00

DOCUMENT # N13607

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

126186 - 90050 - 18



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/27/1986

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

9. Name and Address of Current Registered Agent

DOROTHY CARDER-MOORE
1675 GARDEN RD
APT 2
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

Dorothy Carder-Moore

82 Street Address (P.O. Box Number is Not Acceptable)

345 Pomola St.

83

Cocoa,

84 City

FL

85 Zip Code

32922

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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DRAKE, MARY L	
STREET ADDRESS	538 S GEORGIA AVE	
CITY-ST-ZIP	COCOA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARIE L	
STREET ADDRESS	P.O. BOX 2195	
CITY-ST-ZIP	COCOA FL 32923	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POITIER, NORMA	
STREET ADDRESS	2460 DELYS ST	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRADY, BENNIE SMITH	
STREET ADDRESS	1050 N. FISKE BLVD., #402	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, REBECCA	
STREET ADDRESS	800 N FISKE BLVD., #204	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TOMMIE J	
STREET ADDRESS	828 A ANGELA AVE	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tommie J. Miller	
1.3 STREET ADDRESS	828 A Angela Ave.	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lessie Turner	
2.3 STREET ADDRESS	1740 Cogswell St.	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Evelyn Morgagne	
6.3 STREET ADDRESS	710 Carissia Ave.	
6.4 CITY-ST-ZIP	Cocoa, FL 32922	

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, with all other like empowered.

SIGNATURE:

Bennie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADY

1-31-99 632-1807
Date Daytime Phone #

CR2E037 (11/98)