

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13607

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3884603**
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDER-MOORE, DOROTHY
345 POMOLO ST.
COCOA FL 32922

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MILLER, TOMMIE J**
STREET ADDRESS **828 A ANGELA AVENUE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TURNER, LESSIE**
STREET ADDRESS **1740 COGSWELL STREET**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **POITIER, NORMA**
STREET ADDRESS **2460 DELYS ST**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BRADY, BENNIE SMITH**
STREET ADDRESS **1050 N. FISKE BLVD., #402**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAKER, REBECCA**
STREET ADDRESS **800 N FISKE BLVD., #204**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORGAGNE, EVELYN**
STREET ADDRESS **710 CARISSIA AVE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-400

407-622-1807

CR2E037 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90061 007 ****70.00



DO NOT WRITE IN THIS SPACE