

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90001 034 \*\*\*\*70.00

**DOCUMENT # N13607**

1. Entity 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

**A0081367**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3884603**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | P                         | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER, TOMMIE J          |                                            |
| STREET ADDRESS | 828 A ANGELA AVENUE       |                                            |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955        |                                            |
| TITLE          | V                         | <input type="checkbox"/> Delete            |
| NAME           | TURNER, LESSIE            |                                            |
| STREET ADDRESS | 1740 COGSWELL STREET      |                                            |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955        |                                            |
| 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 type="checkbox"/> Delete            |
| NAME           | MORGAGNE, EVELYN          |                                            |
| STREET ADDRESS | 710 CARISSIA AVE          |                                            |
| CITY-ST-ZIP    | COCOA FL 32922            |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARY L. DRAKE            |                                                                              |
| STREET ADDRESS | 385 SCHOOLHOUSE LANE     |                                                                              |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32953 |                                                                              |
| TITLE          | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARGUERITE YOUNG SMITH   |                                                                              |
| STREET ADDRESS | 944 BOWING LANE          |                                                                              |
| CITY-ST-ZIP    | ROCKLEDGE, FL 32955      |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROSE BUD BLACKMON        |                                                                              |
| STREET ADDRESS | 805 WASHINGTON AVE       |                                                                              |
| CITY-ST-ZIP    | COCOA, FL 32922          |                                                                              |

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:

*BENNIE BRADY* 40801 321  
 632-1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)