

2002 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

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 ☐ Delete
NAME P
STREET ADDRESS DRAKE, MARY L
CITY-ST-ZIP 385 SCHOOLHOUSE LANE
MERRITT ISLAND FL 32953

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORGAGNE, EVELYN
CITY-ST-ZIP 710 CARISSIA AVE
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: BENNIE BRADY 2-26-02 321 632-1807

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90021 020 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)