

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90338 025 \*\*\*\*70.00

**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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>DRAKE, MARY L</b>	
STREET ADDRESS	<b>385 SCHOOLHOUSE LANE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>TURNER, LESSIE</b>	
STREET ADDRESS	<b>1740 COGSWELL STREET</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>POITIER, NORMA</b>	
STREET ADDRESS	<b>2460 DELYS ST</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BRADY, BENNIE SMITH</b>	
STREET ADDRESS	<b>1050 N. FISKE BLVD., #402</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BAKER, REBECCA</b>	
STREET ADDRESS	<b>800 N FISKE BLVD., #204</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MORGAGNE, EVELYN</b>	
STREET ADDRESS	<b>710 CARISSIA AVE</b>	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wiggins, Earline</b>	
STREET ADDRESS	<b>3830 E. Lakeview Blvd,</b>	
CITY-ST-ZIP	<b>COCOA, FL 32922</b>	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McGill, Rosemary</b>	
STREET ADDRESS	<b>460 Monroe Rd</b>	
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stepney, Mary D.</b>	
STREET ADDRESS	<b>214 Orange Street</b>	
CITY-ST-ZIP	<b>COCOA, FL 32955</b>	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bryant, Janie</b>	
STREET ADDRESS	<b>1139 TARPON DRIVE</b>	
CITY-ST-ZIP	<b>Rockledge FL 32955</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Turner, Lessie</b>	
STREET ADDRESS	<b>1740 Cogswell St.</b>	
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAGNE, EVELYN</b>	
STREET ADDRESS	<b>710 CARISSIA AVE</b>	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Earline Wiggins*

**321-617-9021**

Date

Daytime Phone #

CR2E037 (10/02)