

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18095

FILED
Aug 24, 2004
Secretary of State

Entity Name: BOCA CIEGA HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

6144 10 AVE S
GULFPORT, FL 337070157

New Principal Place of Business:

Current Mailing Address:

6144 10 AVE S
GULFPORT, FL 337070157

New Mailing Address:

FEI Number: 59-2738528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAONESSA, BARBARA M.
924 58TH STREET SOUTH
GULFPORT, FL 33707

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, PIPER T.,
Address: 7800 PAR AVE N
City-St-Zip: ST PETERSBURG, FL

Title: TD () Delete
Name: VAN ALSTYNE, KEN,
Address: 8950 PARK BLVD., #307
City-St-Zip: SEMINOLE, FL

Title: VD () Delete
Name: HODGES, PAUL S.,
Address: S. BELCHER RD S #115
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: LANNING, PAMELA S.,
Address: 6144 10 AVE S
City-St-Zip: GULFPORT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATTON, CHARLES C
Address: 7301 1ST AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: TD (X) Change () Addition
Name: HODGES, PAUL S
Address: 4556 GREAT LAKES DR S
City-St-Zip: CLEARWATER, FL 33762

Title: VD (X) Change () Addition
Name: HODGES, NOREEN H
Address: 4556 GREAT LAKES DR S
City-St-Zip: CLEARWATER, FL 33762

Title: SD (X) Change () Addition
Name: YANNICY, ROBERTA
Address: 5942 BURLINGTON AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL S HODGES

TD

08/24/2004

Electronic Signature of Signing Officer or Director

Date