FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20154 (3)

1. Corporation Name

MISS HARRIS' SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ELIZABETH ALLEN CAHILL 5952 S.W. 102ND STREET MIAMI FL 33156	% ELIZABETH ALLEN CAHILL 5952 S.W. 102ND STREET MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0042090 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAHILL, ELIZABETH ALLEN
5952 S.W. 102ND STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	CAHILL, ELIZABETH ALLEN	1.2 NAME
STREET ADDRESS	5952 S.W. 102ND STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	SUTTON-SALLEY, VIRGINIA	2.2 NAME
STREET ADDRESS	6655 SHEFFIELD LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	SCOTT, JACQUELYN RHENEY	3.2 NAME
STREET ADDRESS	726 N.E. 9TH ST., APT.12	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE ☐ Change ☐ Addition
NAME	GARVEY, BETTY OGDEN	4.2 NAME
STREET ADDRESS	500 MARQUESA DRIVE	4.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE ☐ Change ☐ Addition
NAME	ABESS, BERTHA UNGAR	5.2 NAME
STREET ADDRESS	5255 COLLINS AVENUE	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE ☐ Change ☐ Addition
NAME	MILLER, GRAHAM	6.2 NAME
STREET ADDRESS	4122 PINTA COURT	6.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Cahill ELizabeth A. CAHILL 4/28/95 305-661-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043227