

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 12, 2005
Secretary of State**

DOCUMENT# N26912

Entity Name: SHADEVILLE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 397
CRAWFORDVILLE, FL 32326

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 397
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-2961550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, BOSSIE H.
1410 LOLA DRIVE
TALLAHASSEE, FL 32301 US

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: HARVEY, CEPHUS
Address: 2789 WADE TRAIL
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: HAWKINS, BOSSIE H.,
Address: 1410 LOLA DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: TD () Delete
Name: ROSS, INELL,
Address: 511 CONYERS STREET
City-St-Zip: HAVANA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOSSIE H. HAWKINS

RA

02/12/2005

Electronic Signature of Signing Officer or Director

_____ Date