2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N26912

1. Entity Name
SHADEVILLE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 397	P.O. BOX 397
CRAWFORDVILLE, FL 32326	CRAWFORDVILLE, FL 32326

DO NOT WRITE IN THIS SPACE

FILED
Mar 13, 2008 08:00 AM
Secretary of State

03122008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2961550	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, BOSSIE H SECRE
1410 LOLA DRIVE
TALLAHASSEE, FL 32301

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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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARVEY, CEPHUS
STREET ADDRESS	2789 WADE TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	VD
NAME	HAWKINS, BOSSIE H.
STREET ADDRESS	1410 LOLA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	TD
NAME	ROSS, INELL
STREET ADDRESS	511 CONYERS STREET
CITY-ST-ZIP	HAVANA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/03-80002-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _BOSSIE H. HAWKINS, SECRETARY_   03/12/2008 (850) 656-2578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #