

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34546</b>	
1. Entity Name ST. ANDREW HIGH SCHOOL OLD GIRLS ASSOCIATION FLORIDA, INC.	
Principal Place of Business 15120 S.W. 87TH AVENUE MIAMI, FL 33176 US	Mailing Address 7925 SW 86 ST APT 901 MIAMI, FL 33143 US



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0106976	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  PARKE, PATRICIA 11921 N W 20TH ST. PEMBROKE PINES, FL 33026	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, DANA 13253 SW 114 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, MARY A 16879 SW 1ST MANOR PEBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYRELL GRANT, ANDREA 18024 SW 29 COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, MARGUERITE 15120 SW 87TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREWICK, BARBARA G 7925 SW 86 ST APT 901 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUIR-MALCOLM, JOAN 16796 NW 20 STREET PEMBROKE PINES, FL 33028

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01/13/05-80023-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Barbara Trewick* **BARBARA TREWICK**

1/10/05

305-270-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #