


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90419 013 \*\*\*\*61.25

<b>DOCUMENT # N34546</b> 1. Entity Name <b>ST. ANDREW HIGH SCHOOL OLD GIRLS ASSOCIATION FLORIDA, INC.</b>					
Principal Place of Business <b>15120 S.W. 87TH AVENUE MIAMI, FL 33176 US</b>			Mailing Address <b>7925 SW 86 ST APT 901 MIAMI, FL 33143 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0106976</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARKE, PATRICIA 11921 N W 20TH ST. PEMBROKE PINES, FL 33026</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, DANA 13253 SW 114 TERR MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB-HARRIS, ANN 13971 SW 71 LANE MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, MARY A 16879 SW 1ST MANOR PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND MARY A 8820 SW 123 CT Apt L-208 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYRELL GRANT, ANDREA 18024 SW 29 COURT MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, MARGUERITE 15120 SW 87TH AVE MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREWICK, BARBARA G 7925 SW 86 ST APT 901 MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUIR-MALCOLM, JOAN 16796 NW 20 STREET PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>B. Trewick</u> <b>B. TREWICK</b> <u>3/27/06</u> <b>305-270-8414</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					