

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34621

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE P.S.K. ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

2203 W PENSACOLA ST
E 5
TALLAHASSEE, FL 32304

New Principal Place of Business:

5711 TANAGERSIDE ROAD
LITHIA, FL 33547

Current Mailing Address:

2203 W PENSACOLA ST
E 5
TALLAHASSEE, FL 32304

New Mailing Address:

5711 TANAGERSIDE ROAD
LITHIA, FL 33547

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ED W
2203 W PENSACOLA ST
E 5
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

SMITH, ED W
5711 TANAGERSIDE ROAD
LITHIA, FL 33547 US

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: ED W. SMITH

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, ED W
Address: 2203 W PENSACOLA ST E 5
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: FRANKLIN, STEVE
Address: 28 WHITE AVENUE
City-St-Zip: WORCESTER, MA

Title: D () Delete
Name: TAMPLIN, MATHEW
Address: 3103 CORPIS DRIVE
City-St-Zip: TALLAHASSEE, FL 32319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, ED W
Address: 5711 TANAGERSIDE ROAD
City-St-Zip: LITHIA, FL 33547

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 Chapter 119, 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: ED W. SMITH

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date