


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N35882 1. Entity Name P.K. YONGE ALUMNI ASSOCIATION, INC.	
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Principal Place of Business
P.K. YONGE D.R.S.
1080 SW 11 STREET
GAINESVILLE, FL 32601

Mailing Address
P.K. YONGE D.R.S.
1080 SW 11 STREET
GAINESVILLE, FL 32601



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

SCARABINO, SHIRLEY
1080 SW 11 STREET
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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	D CUNNINGHAM, GREG 4225 SW 21 STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOY, SUE 4150 N.W. 37TH DRIVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODSDON, V.G. 3312 S.W. 35TH BLVD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENNYPACKER, STEPHEN 6024 N.W. 54TH TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCARABINO, SHIRLEY A 1110 NW 40 AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/14/05-80043-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Shirley Ann Scarabino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY ANN SCARABINO

Date

Daytime Phone #

4-12-05 352-392-1554
x221