

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N35882

1. Entity Name
P.K. YONGE ALUMNI ASSOCIATION, INC.



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



04092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDIVER, FRAN M
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000918079
05/13/08-80058-017 61.25

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
P
ARNETTE, JOHNY
4625 NW 20 TER
GAINESVILLE, FL 32605

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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:

Fran M. Vandiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #