

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 46599

1. Corporation Name

ST. A. T. H. S ALUMNI ASSOCIATION - MIAMI INC.

Principal Place of Business

Mailing Address

P.O. Box 693396

P.O. Box 693396

MIAMI FL 33269-3396

MIAMI FL 33269-3396

3. Date Incorporated or Qualified

12/26/91

3a. Date of Last Report

05/01/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0301883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGORY WATSON
19321 NW 7th Street
Pembroke Pines FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/D ☐ DELETE

NAME COLYN THOMPSON
STREET ADDRESS 9082 SW 20 PLACE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE TREASURER ☐ DELETE

NAME GREGORY WATSON
STREET ADDRESS 19321 NW 7th St
CITY-ST-ZIP Pembroke Pines, Fla. 33029

TITLE S/D ☐ DELETE

NAME HEATHGR FALLON
STREET ADDRESS 9320 SW 180 STREET
CITY-ST-ZIP MIAMI FL.

TITLE D ☐ DELETE

NAME PATRICK BAILEY
STREET ADDRESS 7817 NW 39 COURT
CITY-ST-ZIP CORAL SPRINGS FL.

TITLE D ☐ DELETE

NAME HOLLY BEECHAM
STREET ADDRESS 10010 MYRTLE COURT
CITY-ST-ZIP MIRAMAR FL.

TITLE D ☐ DELETE

NAME AUGUST MILLER
STREET ADDRESS 10861 NW 21 STREET
CITY-ST-ZIP CORAL SPRINGS FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

COLYN THOMPSON

05/04/96

(305)625 4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)