

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 033 ****61.25

DOCUMENT # N94000000758

1. Entity Name
ROSENWALD HIGH SCHOOL ALUMNI REUNION, INC.



Principal Place of Business
**1703 EAST 10TH STREET
PANAMA CITY, FL 32401 US**

Mailing Address
**1703 EAST 10TH STREET
PANAMA CITY, FL 32401 US**

4000000000



2. Principal Place of Business - No P.O. Box #

815 E. 9th St.

Suite, Apt. #, etc.

3. Mailing Address

815 E. 9th St.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State
Panama City, FL

Zip
32401

Country

United States

City & State
Panama City, FL

Zip
32401

Country

U.S.

4. FEI Number
59-3222760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAREY, BERNICE E.
1703 EAST 10TH STREET
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name **Nodie Battles**
Street Address (P.O. Box Number is Not Acceptable)
815 East 9th St.

City **Panama City, FL** Zip Code **32401**

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 **Nodie Battles**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **CALDWELL, WILLIE**
STREET ADDRESS **1248 CALDWELL DRIVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **MPD** ☒ Delete
NAME **CAREY, BERNICE E.**
STREET ADDRESS **1703 EAST 10TH STREET**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **D** ☐ Delete
NAME **MINCEY, ELLERENE**
STREET ADDRESS **8149 BETTY LOUISE DR**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **DV** ☐ Delete
NAME **KEYS, WANDA**
STREET ADDRESS **702 BAY AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☒ Delete
NAME **KEYS, AREJEAN**
STREET ADDRESS **739 BAY AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Nodie Battles**
STREET ADDRESS **815 E. 9th St.**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **Director** ☒ Change ☒ Addition
NAME **Willie Caldwell**
STREET ADDRESS **1248 Caldwell Drive**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **Vice President** ☒ Change ☒ Addition
NAME **Bernice Carey**
STREET ADDRESS **1703 E. 10th St.**
CITY-ST-ZIP **Panama City, FL**

TITLE **President - Director** ☒ Change ☐ Addition
NAME **Wanda Keys**
STREET ADDRESS **702 Bay Ave**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Ellerene Mincey**
STREET ADDRESS **8149 Betty Louise Drive**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Nodie Battles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

Daytime Phone #