


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90004 021 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000002978

1. Corporation Name

THS ALUMNI ASSOCIATION, INC.

Principal Place of Business  
TITUSVILLE HIGH SCHOOL  
TITUSVILLE FL 32780

Mailing Address  
150 TERRIER TRAIL  
TITUSVILLE FL 32780



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/13/1994 4. FEI Number 59-3349249 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
---	--	---	--

9. Name and Address of Current Registered Agent

HENDRIX, SAM  
2840 SUNNY DR  
MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Sam Hendrix* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HENDRIX, SAM	1.1 TITLE	P Hendrix, Sam
NAME	2840 SUNNY DR	1.2 NAME	2840 Sunny Drive
STREET ADDRESS	MIMS FL 32754	1.3 STREET ADDRESS	Mims, FL 32754
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V AUSTIN, DAVID	2.1 TITLE	V Harper, Joan
NAME	1618 N EDEN CIR	2.2 NAME	4850 Key Biscayne Drive
STREET ADDRESS	TITUSVILLE FL 32796	2.3 STREET ADDRESS	Titusville, FL 32780
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S PECOT, JUDY	3.1 TITLE	S Austin, David
NAME	4410 BRYON AVE.	3.2 NAME	1618 N. Eden Circle
STREET ADDRESS	TITUSVILLE FL 32780	3.3 STREET ADDRESS	Titusville, FL 32796
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T HARPER, JOAN	4.1 TITLE	T Joe Lee Merckson
NAME	4850 KEY BISCAYNE DR	4.2 NAME	2940 Jacaranda Trail
STREET ADDRESS	TITUSVILLE FL 32780	4.3 STREET ADDRESS	Titusville, FL 32780
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BRILEY, KAY	5.1 TITLE	D Briley, Kay
NAME	7430 N U S 1 105	5.2 NAME	7430 N US 1, 105
STREET ADDRESS	COCOA FL 32927	5.3 STREET ADDRESS	Cocoa, FL 32927
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HARPER, JOAN	6.1 TITLE	D Ramer, Michael
NAME	4850 KEY BISCAYNE DR	6.2 NAME	4096 Woodland Court
STREET ADDRESS	TITUSVILLE FL 32780	6.3 STREET ADDRESS	Mims, FL 32754
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam Hendrix* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)