

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90408 002 ****61.25

DOCUMENT # N94000002978

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3349249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDRIX, SAM
1218 CRESCENT DR
TITUSVILLE FL 32796**

Name

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

City

FL

Zip Code

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]

SAM HENDRIX, PRESIDENT

4-29-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	A	<input type="checkbox"/> Delete
NAME	HENDRIX, SAM	
STREET ADDRESS	1218 CRESCENT DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARING, GLENDA	
STREET ADDRESS	23 GARNET AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERCKSON, JOE L	
STREET ADDRESS	2940 JACARANDA TRAIL	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARPER, JOAN	
STREET ADDRESS	4850 KEY BISCAYNE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, EFFIE	
STREET ADDRESS	1218 CRESCENT DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMER, MICHAEL	
STREET ADDRESS	4096 WOODLAND CT	
CITY-ST-ZIP	MIMS FL 32754	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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... 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:

[Signature]

GLENDA L. WARING 4/29/03

321-264-3119

CR2E037 (10/02)