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04-22-1999 90031 047 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005275

1. Corporation Name

WASHINGTON PARK/ROCHELLE HIGH SCHOOLS ALUMNI ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 90452
LAKELAND FL 33804-0452

Mailing Address

P.O. BOX 90452
LAKELAND FL 33804-0452



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0452370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AUSTIN, FREDDIE C
215 PINEHURST ST.
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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 *Freddie C. Austin, President*

6 April 1999

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 ☐ DELETE
NAME D
STREET ADDRESS SMITH, BERNICE
CITY-ST-ZIP 949 W. 10TH ST.
LAKELAND FL 33805

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOORE, DOROTHY
CITY-ST-ZIP 1122 W 14TH ST
LAKELAND FL 33805

TITLE ☐ DELETE
NAME D
STREET ADDRESS AUSTIN, FREDDIE C
CITY-ST-ZIP 215 PINEHURST STREET
LAKELAND FL 33805

TITLE ☐ DELETE
NAME V
STREET ADDRESS GRAYS, BETTY L
CITY-ST-ZIP 824 LOWELL ST EAST
LAKELAND FL 33805

TITLE ☒ DELETE
NAME D
STREET ADDRESS PULLINS, WILLIAM H JR
CITY-ST-ZIP 1004 W 10TH ST
LAKELAND FL 33805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Freddie C. Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 1999

Date

941-688-2100

Daytime Phone #

CR2E037 (11/98)