

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005275					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent AUSTIN, FREDDIE C 215 PINEHURST ST. LAKELAND FL 33805			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) Signature (typed or printed name of registered agent and title if applicable) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	DT SMITH, BERNICE 949 W. 10TH ST. LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add U000000475233 04/05/06-80007-013 61 25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MOORE, DOROTHY 1122 W 14TH ST. LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP AUSTIN, FREDDIE C 215 PINEHURST STREET LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GRAYS, BETTY L 824 LOWELL ST EAST LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS HOLMAN, BARBARA S 1505 W. 10TH ST. LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0452370** Applied for ☐ Not Applicable ☒

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 817, 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: *Freddie C. Austin*

3/16/06 863-688-2100