

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90006 012 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0452370

Applied For
Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, FREDDIE C
215 PINEHURST ST.
LAKELAND FL 33805

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	SMITH, BERNICE	
STREET ADDRESS	949 W. 10TH ST.	
CITY- ST- ZIP	LAKELAND FL 33805	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOORE, DOROTHY	
STREET ADDRESS	1122 W 14TH ST	
CITY- ST- ZIP	LAKELAND FL 33805	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AUSTIN, FREDDIE C	
STREET ADDRESS	215 PINEHURST STREET	
CITY- ST- ZIP	LAKELAND FL 33805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAYS, BETTY L	
STREET ADDRESS	824 LOWELL ST EAST	
CITY- ST- ZIP	LAKELAND FL 33805	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLMAN, BARBARA S	
STREET ADDRESS	1505 W. 10TH ST.	
CITY- ST- ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	729 Crawford Street E.
CITY- ST- ZIP	
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	

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 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:

Freddie C. Austin

April 23, 2008

863-688-2100