## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005275

FILED Apr 23, 2009 Secretary of State

Entity Name: WASHINGTON PARK/ROCHELLE HIGH SCHOOLS ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O.BOX 90452 215 PINEHURST STREET LAKELAND, FL 338040452 LAKELAND, FL 33805 **Current Mailing Address: New Mailing Address:** P.O.BOX 90452 P O BOX 90452 LAKELAND, FL 338040452 LAKELAND, FL 338040452 FEI Number: 65-0452370 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUSTIN, FREDDIE C 215 PINEHURST ST. US LAKELAND, FL 33805 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SMITH, BERNICE BOATWRIGHT, BEVERLY Name: Name: 949 W. 10TH ST. Address: 804 HARMONY HILLS LOOP Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: DT Title: (X) Change ( ) Addition ( ) Delete MOORE, DOROTHY Name: WILLIAMS, EUGENE Name: Address: 1122 W 14TH ST Address: 7739 SQUIRREL CIRCLE City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33809 Title: DP () Delete Title: () Change () Addition AUSTIN, FREDDIE C Name: Name: 215 PINEHURST STREET Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: GRAYS, BETTY L Name: HOGAN, RONNIE L 729 CRAWFORD STREET E. Address: Address: 8264 SHORT WAY City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 338095092 Title: DS () Delete Title: () Change () Addition HOLMAN, BARBARA S Name: Name: 1505 W. 10TH ST. Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY BOATWRIGHT D 04/23/2009