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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N95000002248 (1)

DOCUMENT # HALLANDALE HIGH ALUMNI & FRIENDS ASSOCIATION, IN

Mailing Address Principal Place of Business 720 N.W. 9TH AVE 720 N.W. 9TH AVE. HALLANDALE FL 33309 HALLANDALE FL 33309 3a. Date of Last Report 3. Date Incorporated or Qualified N/A 05/10/1995 X Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip Yes X No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ASH, TYRONE A 82 720 N.W. 9TH AVE. 83 HALLANDALE FL 33309 Zip Code 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Addition Change DELETE 1.1 TILLE TITLE PD VERNELL THOMAS 1,2 NAME GORDON, QUNEA NAME 304 N. W. 3rd Court 1.3 STREET ADDRESS 1188 N.W. 40TH AVE., #312 STREET ADDRESS Hallandale, FL 33009 LAUDERHILL FL 33313 1.4 City-ST-ZIP CITY-ST-ZIP Addition X Change K DELETE 2.1 TITLE TD TITLE JUDY PHOENIX 2.2 NAME BRAYNEN, GAIL NAME 403 N. W. 9th Street 2.3 STREET ADDRESS 3918 S.W. 26TH ST. STREET ADDRESS Hallandale, FL 33009 2.4 CITY-ST-ZIP HOLLYWOOD FL 33023 CITY - ST - ZIP Addition **K**)DELETE 3.1 TITLE TITLE NANETTE LITTLES 3.2 NAME WILLIAMS, CATHY NAME 2334 Filmore Street, Unit 7 3.3 STREET ADDRESS 1045 N.W. 7TH CT. STREET ADDRESS Hollywood, FL 3.4. CHTY-ST-ZIP HALLANDALE FL 33309 CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME ROBINSON, JANICE NAME 4.3 STREET ADDRESS 629 N.W. 9TH CT. STREET ADDRESS 4.4 CITY-ST-ZIP HALLANDALE FL 33009 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITI F 5.2 NAME HOLMES, ANTHONY B NAME 5.3 STREET ADDRESS 1111 S. 29TH AVE. STREET ADDRESS 5.4 CHTY-ST-ZIP <u>100001840461</u> HOLLYWOOD FL 33020 CITY-ST-ZIP -05/28/96--01026--098^{change} ☐ Addition

14. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cartify that the information indicated on this annual report or supplemental annual report to strue and accurate and that my signature shall have the same legal effect as if made under cartify 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ROBINSON, JUDY

403 N.W. 9TH ST.

HALLANDALE FL 33009

TITLE

NAME

STREET ADDRESS

DELETE

***61.25

(12/95)CR2E037