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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002325 (7)

1. Corporation Name

KING HIGH SCHOOL LUNCH BUNCH, AN ALUMNI ORGANIZATION, INC.



Principal Place of Business

Mailing Address

31110 JACANA DR  
WESLEY CHAPEL FL 33544

P.O. BOX 291271  
TEMPLE TERRACE FL 33687-1271  
US

3. Date Incorporated or Qualified  
05/12/1995

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3318860

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, ORIN D JR  
31110 JACANA DR  
WESLEY CHAPEL FL 33544

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 Orin D. Browning Jr. ORIN D. BROWNING JR. TREASURE

JAN 15, 97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME CRAWFORD, DIANE  
STREET ADDRESS 7320 LEXINGTON LN  
CITY-ST-ZIP CLEARWATER FL 34624

1.1 TITLE DP ☒ Change ☒ Addition  
1.2 NAME ALLEN, DIANE  
1.3 STREET ADDRESS 9829 MORRIS BRIDGE RD  
1.4 CITY-ST-ZIP TAMPA FL 33637

TITLE DV ☒ DELETE  
NAME BLACKBURN, R. M.  
STREET ADDRESS 5339 CAROL DR  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME ROB HENNESSEE  
2.3 STREET ADDRESS 6843 MAPLE LN  
2.4 CITY-ST-ZIP TAMPA FL 33610

TITLE DS ☐ DELETE  
NAME RUTH, SHARON  
STREET ADDRESS 17301 ESTES RD  
CITY-ST-ZIP LUTZ FL 33549

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME BROWNING, ORIN D JR  
STREET ADDRESS 31110 JACANA DR  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME BROWNING, ORIN D. JR.  
4.3 STREET ADDRESS 31110 JACANA DR.  
4.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33544-3918

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Orin D. Browning Jr. ORIN D. BROWNING JR. TREAS: JAN 15, 97

973-8929

CR2E037 (9/96)