

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005321 (3)

1. Corporation Name

KINGSTON TECHNICAL HIGH SCHOOL ALUMNI ASSOCIATION
N FLORIDA CHAPTER, INC.



Principal Place of Business

Mailing Address

3600 SOUTH STATE ROAD 7
SUITE 9
MIRAMAR FL 33023-5288

3600 SOUTH STATE ROAD 7
SUITE 9
MIRAMAR FL 33023-5288

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0599787

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

STEWART, GILES
3600 SOUTH STATE ROAD 7
SUITE 9
MIRAMAR FL 33023-5288

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LINTON, DAWN	
STREET ADDRESS	13142 SW 195 ST	
CITY-ST-ZIP	MIRAMAR FL 33186	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	STEWART, GILES	
STREET ADDRESS	3600 S STATE RD 7 # 9	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PEARL HUGH	
STREET ADDRESS	11531 S. OPEN CT	
CITY-ST-ZIP	COOPER CITY FL 33029	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	CAROL HEATH	
STREET ADDRESS	3850 SW 10 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	CAROL JAMES	
STREET ADDRESS	1441 SW 88 WAY	
CITY-ST-ZIP	PEWEE BROOK PINE FL 33025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-96 904-907-2811

05/1/98/9/

CR2E037 (12/95)