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FILED

May 14 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 # N95000005332 (0)**

1. Corporation Name

**MONTEGO BAY HIGH SCHOOL ALUMNAE ASSOCIATION OF S  
OUTH FLORIDA, INC.**

Principal Place of Business

**1112 SW 49TH TERRACE  
PLANTATION FL 33317**

Mailing Address

**1112 SW 49TH TERRACE  
PLANTATION FL 33317-4421**



3. Date Incorporated or Qualified  
**11/08/1995**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**65-0626223**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUGHTON, LORETTA  
1112 SW 49TH TERRACE  
PLANTATION FL 33317**

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, 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 ☐ DELETE

NAME **P  
HAUGHTON, LORETTA**  
STREET ADDRESS **1112 SW 49TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33317**

1.1 TITLE ☐ Change ☐ Addition

NAME **VP** ☒ DELETE

STREET ADDRESS **KELLIER, NORMA**  
CITY-ST-ZIP **4501 N.W. 4ST**  
**PLANTATION FL 33317**

1.2 NAME ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **FRANCIS, ESTHER**  
CITY-ST-ZIP **1311 S.W. 98 AVENUE**  
**PEMBROKE PINES FL 33025**

2.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **SMITH, BEVERLY**  
CITY-ST-ZIP **3910 NW 175 ST**  
**MIAMI FL 33055**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **BARNES, BRENDA**  
CITY-ST-ZIP **1070 NE 154 TR**  
**N. MIAMI BEACH FL 33162**

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S** ☒ DELETE  
STREET ADDRESS **ALLEN-MORRIS, CLAUDETTE**  
CITY-ST-ZIP **8500 SHERMAN CIRCLE N. #2030**  
**MIRAMAR FL 33025**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 or changed, or on an attachment with an address.

CR2E037 (9/96)