FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005332

Corporation Name

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

Principal	Place	of	Bus	siness

Mailing Address

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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90161 020 ****61.25

2. Principal P	lace of Business			11/08/1995					
21	# _1_	26 Suito Apt #	oto	-		4. FEI Number	l la	plied For	
Suite, Apt.	#, etc.	Suite, Apt. #,	elC.			65-0626223	<u> </u>	ot Applicable	
22		City & State			··-·	00 0020220			
City & Stat		28	City & State			5. Certifcate of Status Desired	e of Status Desired Fee Required		
Zip	Country	Zip	Cou	Country				May Be	
24	4 25 29 3			30		Trust Fund Contribution		to Fees	
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Register	red Agent		
	•			81	Name				
HAUGHTON, LORETTA 1112 SW 49TH TERRACE PLANTATION FL 33317				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City		85 Zip	Code	
					•	•	-L		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	da Statutes, the a	bove	named corp	poration submits this statement for the purposi ion's board of directors. I hereby accept the ap	e of changing its	registered	
office or r	registered agent, or both, in the State of im familiar with rand accept the obligation	ons of, Section 617.0	ge was audionze)503, Florida Stat	utes.	ne corporati				
SIGNATURE	and and and the					₩/	29/99		
SIGNATURE	Signature, typed or printed game of registered agent a	and title if applicable.		d Agent	signature require	ed when reinstating) DATE			
12.	Ø OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	<u></u> □ ១۱	ELETE 1.1 T	ΠŁΕ			Change	☐ Addition	
NAME	HAUGHTON, LORETTA		1.2 N	AME					
STREET ADDRESS	1112 SW 49TH TERRACE		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		1.4 0	ITY-ST	-ZIP				
TITLE	VP	□ Di	ELETE 2.1 T	III.E			Change	☐ Addition	
NAME	PINTO, DOROTHY		2.2 N	AME					
STREET ADDRESS	14821 E. TETHERCLIFT ST.		2.3 \$	TREET.	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.40	CITY-ST	r-ZIP				
TITLE	T	☐ Di	ELETE 3.1 T	ITLE			Change	☐ Addition	
NAME	FRANCIS, ESTHER		3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025		3.4.0	CITY-SI	Γ- ZiP				
TITLE	D	□ D	ELETE 4.1 T	ITLE			Change	☐ Addition	
NAME	SMITH, BEVERLY		4.21	AME					
STREET ADDRESS	l		4.3 S	TREET	ADORESS	,			
CITY-ST-ZIP	MIAMI FL 33055	•	4.4 0	ITY-ST	-ZIP				
TITLE	D	□ Di	ELETE 5.1 T	ΠLE			☐ Change	☐ Addition	
NAME	BARNES, BRENDA		5.2 N	AME	200				
STREET ADDRESS	l		5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		5.4 C	ITY-ST	-ZIP				
TITLE	S	DI	ELETE 6.1 T	ΠLE			Change	☐ Addition	
NAME	KELLLIER, NORMA		62 N	AME	-				
STREET ADDRESS	1		6.3 9	TREET	ADDRESS				
CITY-ST-ZIP	PI ANTATION FI		6.4 0	ITY-ST	-ZIP				

I 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 regaliver 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 a stachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47/29/99 954-3705/3.
Date / Daytime Phone #

:R2E037 (11/98)