

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005332

FILED
May 03, 2007
Secretary of State

Entity Name: MONTEGO BAY HIGH SCHOOL ALUMNAE ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

12641 NW 12TH CT.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

PO BOX 7709891
CORAL SPRINGS, FL 33077

New Mailing Address:

PO BOX 770891
CORAL SPRINGS, FL 33077

FEI Number: 65-0626223 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIRTON-SMITH, BEVERLY
12641 NW 12TH CT
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINOTT, JUDITH
Address: 4613 BISON ST.
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP () Delete
Name: MORRIS, KAREN
Address: P.O.BOX 213506
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: T/S () Delete
Name: BRENT-HARRIS, JANET
Address: 8666 NW 19 DR.
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete
Name: HAUGHTON, LORETTA
Address: 3471 NW 17 ST
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: D () Delete
Name: LAWRENCE, CYNTHIA
Address: 5685 NW 120 AVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MINOTT, JUDITH
Address: 4613 BISON ST.
City-St-Zip: BOCA RATON, FL 33428 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MORRIS

MS

05/03/2007

Electronic Signature of Signing Officer or Director

Date