## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005332

Jan 15, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

12641 NW 12TH CT. SUNRISE, FL 33323

**Current Mailing Address: New Mailing Address:** 

PO BOX 770891 PO BOX 213506

CORAL SPRINGS, FL 33077 ROYAL PALM BEACH, FL 33421

FEI Number: 65-0626223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

MINOTT, JUDITH MORRIS, KAREN Name: Name: 4613 BISON ST. Address: P.O. BOX 213506 Address:

City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: Title: (X) Change ( ) Addition ( ) Delete

MORRIS, KAREN Name: KELLIER, NORMA Name: Address: P.O.BOX 213506 Address: 7221 NW 6TH ST

City-St-Zip: ROYAL PALM BEACH, FL 33421 US City-St-Zip: PLANTATION, FL 33317 US

Title: T/S () Delete Title: (X) Change ( ) Addition

BRENT-HARRIS, JANET HAYE, CELIZA Name: Name: 8666 NW 19 DR. Address: Address: P.O. BOX

City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: PEMBROKE PINES, FL US

() Change () Addition Title: ( ) Delete Title:

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

Title: () Delete Title: (X) Change ( ) Addition

LAWRENCE, CYNTHIA KIRTON-SMITH, BEVERLY Name: Name: 5685 NW 120 AVE 12641 NW 12TH CT Address: Address: CORAL SPRINGS, FL 33076 US City-St-Zip: City-St-Zip: SUNRISE, FL 33323 US

Title: () Delete Title: ( ) Change (X) Addition

SMITH. AUDREY Name: Name: Address: Address: 10444 NW 3RD ST

PEMBROKE PINES, FL 33026 City-St-Zip: 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 Ρ 01/15/2008