2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N95000005332

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 213506
ROYAL PALM BEACH, FL 33421

New Mailing Address:

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

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:	MORRIS, KAREN	
Address:	P.O. BOX 213506	
City-St-Zip:	ROYAL PALM BEACH, FL 33421 US	
Title:	T	( ) Delete
Name:	KELLIER, NORMA	
Address:	7221 NW 6TH ST	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	S	( ) Delete
Name:	HAYE, CELIZA	
Address:	P.O. BOX	
City-St-Zip:	PEMBROKE PINES, FL US	
Title:	D	( ) Delete
Name:	HAUGHTON, LORETTA	
Address:	3471 NW 17 ST	
City-St-Zip:	FT. LAUDERDALE, FL 33311 US	
Title:	D	( ) Delete
Name:	KIRTON-SMITH, BEVERLY	
Address:	12641 NW 12TH CT	
City-St-Zip:	SUNRISE, FL 33323 US	
Title:	D	( ) Delete
Name:	SMITH, AUDREY	
Address:	10444 NW 3RD ST	
City-St-Zip:	PEMBROKE PINES, FL 33026	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 P 03/20/2009

Electronic Signature of Signing Officer or Director — Date