

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000003346**  
1. Corporation Name

**ST. ELIZABETH TECHNICAL HIGH SCHOOL  
ALUMNI ASSOCIATION (STETHSAA)**

Principal Place of Business

Mailing Address

**3720 W. OAKLAND PARK BLVD  
LAUDERDALE LAKES COMM.  
CENTER**

**P.O. BOX 451006  
SUNRISE  
FL. 33345**

**FILED**  
**98 JUN 15 PM 12:48**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MICHAEL BANTON  
21 S.E. 10 Street  
Deerfield Beach Fl. 33441**

3. Date Incorporated or Qualified

**June 9, 1997**

4. FEI Number

**65-076 0395**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 617.0002 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

TITLE **President** ☐ DELETE  
NAME **Emerson Sutherland ("D")**  
STREET ADDRESS **17153 N.E. 3rd Ave.**  
CITY-ST-ZIP **N. Miami Fl. 33162**

TITLE **Vice President ("D")** ☐ DELETE  
NAME **Christine Hanson ("D")**  
STREET ADDRESS **5880 Woodland Pt. Dr.**  
CITY-ST-ZIP **Tamarac Fl. 33319**

TITLE **Secretary ("D")** ☐ DELETE  
NAME **Rosemarie A. Rowe ("D")**  
STREET ADDRESS **4278 N.W. 38 Ave.**  
CITY-ST-ZIP **Lauderdale Lks. Fl. 33309**

TITLE **Treasurer ("D")** ☐ DELETE  
NAME **Dave Sinclair ("D")**  
STREET ADDRESS **11451 N. W. 23 ST.**  
CITY-ST-ZIP **Plantation Fl 33323**

TITLE **Public Relations Officer** ☐ DELETE  
NAME **Dennis Johnson**  
STREET ADDRESS **1455 S.W. 119 Ave**  
CITY-ST-ZIP **Pembroke Pines Fl. 33025**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**JUN 15 1998**

SIGNATURE:

**EMERSON SUTHERLAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 999 0297**

CR2E037 (10/97)