

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-05-1999 90032 019 ****61.25

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1. Corporation Name

**ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI ASSOC
IATION OF FLORIDA, INC.**

Principal Place of Business

P. O. BOX 451006
SUNRISE FL 33345

Mailing Address

P. O. BOX 451006
SUNRISE FL 33345

172432-90032-19



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0760395

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

9. Name and Address of Current Registered Agent

BANTON, MICHAEL
8835 N.W. 44TH CT.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 PD ☐ DELETE
NAME SUTHERLAND, EMERSON
STREET ADDRESS 17153 N.E. 3RD AVE.
CITY-ST-ZIP N. MIAMI FL 33162

TITLE VPD ☒ DELETE
NAME HANSON, CHRISTINE
STREET ADDRESS 5880 WOODLAND PT. DR.
CITY-ST-ZIP TAMARAC FL 33319

TITLE SD ☒ DELETE
NAME ROWE, ROSEMARIE A
STREET ADDRESS 4278 N.W. 38 AVE.
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE TD ☒ DELETE
NAME SINCLAIR, DAVE
STREET ADDRESS 11451 N.W. 23 ST.
CITY-ST-ZIP PLANTATION FL 33323

TITLE PRO ☒ DELETE
NAME JOHNSON, DENNIS
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

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPD
2.3 STREET ADDRESS DUNCAN, SAM
2.4 CITY-ST-ZIP 5776 NW 56 MANOR
CORAL SPRINGS, FL 33067

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS MORRIS, JOYVILLE
3.4 CITY-ST-ZIP 5731 NW 15th STREET APT. #3
LAUDERHILL, FL 33313

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
4.3 STREET ADDRESS DOUGLAS, ENZEL
4.4 CITY-ST-ZIP 9681 NW 25 CT.
SUNRISE, FL 33322

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PRO
5.3 STREET ADDRESS BARRETT, MARTIN
5.4 CITY-ST-ZIP 801 S. UNIVERSITY DR., STE. 1360
PLANTATION, FL 33317

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ASSISTANT SECRETARY(D)
6.3 STREET ADDRESS THOMPSON, MERNA
6.4 CITY-ST-ZIP 6725 LANDINGS DR., APT. 112
LAUDERHILL, FL 33319

14. 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 receiver 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 an attachment with an address, with all other like empowered.

SIGNATURE: **DR SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

754-984-6234

Date Daytime Phone #

CR2E037 (11/98)