

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 035 ****61.25

DOCUMENT # N97000003346

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0903804

65-0760395

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ROSEMARIE ROWE**

Street Address (P.O. Box Number is Not Acceptable)
4278 NW 38th AVENUE

City **LAUDERDALE LAKES**

FL

Zip Code
33309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, NIGE 3301 NW 47TH TERRACE #103 LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, JOYVILLE 5731 NW 15TH ST APT. #3 SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGLAS, ENZEL 96841 NW 25 CT. SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Nigel Thompson 64-61 NW 89 Ave Tamarac FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Michael Banton 3420 NW 21st Ave Oakland Pk FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rosemarie A. Rowe 4278 NW 38th Ave, Lauderdale Lks FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Reuben Robinson 2201 NW 41 Ave, Lauderhill FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dawn Bromwell 5515 Dogwood Way Lauderhill FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Keeble Crooks 5405 NW 102 Ave Sunrise FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Sherrylyn Wedderburn 9100 NW 24PL Sunrise FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Officer Joycelyn Robinson 8642 NW 27th Ct. Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

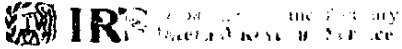
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSEMARIE A. ROWE 3/4/04 9544851816



Attachment 94027116

PHILADELPHIA PA 19255-0038

In reply refer to: 0533829753

Feb. 25, 2004 LTR 252C

47-0903804 000000 00 000

02230

BUDC: SB

ST ELIZABETH TECHNICAL HIGH SCHOOL
ASSOCIATION OF FLORIDA INC
PO BOX 451006
SUNRISE FL 33345-1006069

#N94000003346

*Please make changes
Thank you
Freddie Jones*

Taxpayer Identification Number: 47-0903804

Dear Taxpayer:

Thank you for the inquiry dated Feb. 13, 2004.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Thank you for your cooperation.

Sincerely yours,

William Mesure

William Mesure
Operations Mgr., Accounts Mgt. I

Enclosure(s):
Copy of this letter