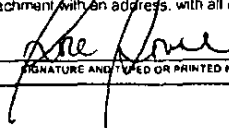


FILED
Apr 25, 2006 8:00 am
Secretary of State

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03-22-2006 90025 021 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000003346			
1. Entity Name ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI ASSOCIATION OF FLORIDA, INC.			
Principal Place of Business P. O. BOX 451006 SUNRISE, FL 33345		Mailing Address 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
6. Name and Address of Current Registered Agent ROWE, ROSEMARIE P. O. BOX 451006 SUNRISE, FL 33345		7. Name and Address of New Registered Agent Name Nigel Thompson Street Address (P.O. Box Number is Not Acceptable) 6401 NW 89 Ave City TAMARAC FL Zip Code 33326	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWE, ROSEMARIE A P.O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nigel Thompson P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, REUBEN P.O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joycelyn Robinson P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROMWELL, DAWN P.O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joyville Morris P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROOKS, KEEBLE P.O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Valeer Mahon P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP THOMPSON, NIGEL P.O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Rosemarie Rowe P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MAHON, VALEER P. O. BOX 451006 SUNRISE, FL 33345 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Martin Barrett P.O. Box 451006 Sunrise, FL 33345 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/3/06 (984) 648 6255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	