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Secretary of State
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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003346

1. Entity Name
ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI ASSOCIATION OF FLORIDA, INC.

66011756

Principal Place of Business	Mailing Address
P. O. BOX 451006 SUNRISE, FL 33345	P. O. BOX 451006 SUNRISE, FL 33345

03132006 Chg-NP CR2E037 (11/05)

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 65-0760395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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): 6481 NW 69 AVE
City: TAMARAC FL Zip Code: 33321

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2006

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			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: Rosemarie Rowe 3/3/06 (954)648 6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #