

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003346

FILED
Mar 22, 2009
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 451006
SUNRISE, FL 33345

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 451006
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-0760395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, NIGEL
6461 NW 89TH AVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

ROBINSON, REUBEN A TREASUR
2011 NW 37TH TERRACE
405
LAUDERDALE LAKES, FL 33311 US

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.

SIGNATURE: REUBEN ROBINSON

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROBINSON, REUBEN A MR.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: SECR () Delete
Name: NORVILLE, JOAN MRS.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: V.P. () Delete
Name: CROOKS, KEEBLE MR.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: TRES () Delete
Name: BRAMWELL, DAWN MRS.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: MEMB () Delete
Name: ROBINSON, JOYCELYN MRS.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: MEMB (X) Delete
Name: MORRIS, JOYVILLE MR.
Address: P. O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRAMWELL, DAWN S MRS
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: SECR (X) Change () Addition
Name: WEDDERBURN, SHERRYLYN MRS.
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: A/SE (X) Change () Addition
Name: NORVILLE, JOAN MRS
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: TRES (X) Change () Addition
Name: ROBINSON, REUBEN A MR
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: DIR (X) Change () Addition
Name: CROOKS, HURCHELL
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REUBEN ROBINSON /TREASURER

TREA

03/22/2009

Electronic Signature of Signing Officer or Director

Date