

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003346

FILED
May 01, 2012
Secretary of State

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

Current Principal Place of Business:

3720 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311

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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BRAMWELL, DAWN S MRS
Address: 4107 N. STATE RD 7, SUITE C
City-St-Zip: LAUDERDALE LAKES, FL 33309

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

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

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

Title: VP
Name: CROOKS, HURCHELL
Address: P.O. BOX 451006
City-St-Zip: SUNRISE, FL 33345

I hereby 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 all other like empowered.

SIGNATURE: REUBEN ROBINSON

MR

05/01/2012

Electronic Signature of Signing Officer or Director

Date