2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004183

1. Entity Name
MAYS HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14810 ROBINSON ST MIAMI, FL 33176	14810 ROBINSON ST MIAMI, FL 33176

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07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0857862

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, DANIEL L
12414 SW 259 ST
PRINCETON, FL 33032

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATERS, LEE A JR
STREET ADDRESS	14810 ROBINSON ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	MCKAY, GWENDOLYN
STREET ADDRESS	18540 SW 129 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	ADAMS, DANIEL L
STREET ADDRESS	12414 SW 259 ST
CITY-ST-ZIP	PRINCETON, FL 33032
TITLE	D
NAME	MORRISON, ROSE
STREET ADDRESS	11250 SW 173 TERR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	ARMSTRONG, CURTIS
STREET ADDRESS	21200 SW 115 ROAD
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	HILL, RANSOM
STREET ADDRESS	18101 SW 112 AVE
CITY-ST-ZIP	MIAMI, FL 33157

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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: Lee A. Waters, Jr. 04SEP06 (786) 552-8073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #