

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005253

**Entity Name:** BA 1978 CLASS REUNION FUNDRAISING, INC.

**Current Principal Place of Business:**

3224 WOLF CLUB LANE, SW  
ATLANTA, GA 30349

**Current Mailing Address:**

P.O. BOX 312012  
ATLANTA, GA 31131 US

**FEI Number: 83-0917362**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PRESSLEY, J. YVETTE  
1103 GRAHAM DRIVE  
BRANDON, FL 33511 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            PRESSLEY, J. YVETTE  
Address        1103 GRAHAM DRIVE  
City-State-Zip: BRANDON FL 33511

Title            VP  
Name            THOMAS, CHERYL  
Address        3224 WOLF CLUB LANE, SW  
City-State-Zip: ATLANTA GA 30349

Title            SEC  
Name            STROTHER, SYLVIA  
Address        2624 WINNEMISSETT OAKS DRIVE  
City-State-Zip: DELAND FL 32724

Title            TREA  
Name            POWERS, JOYCE  
Address        2523 SW 181ST TERRACE  
City-State-Zip: MIRAMAR FL 33029

Title            SGT.  
Name            COUNTS, DARRYL  
Address        7431 PLANTATION BLVD.  
City-State-Zip: MIRAMAR FL 33023

Title            CHAP  
Name            JOHNSON-MATTHEWS, KATHY  
Address        2852 NW 9TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

*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: CHERYL THOMAS**

**VP**

**02/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date