


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007579

1. Entity Name
JACKSONVILLE ALUMNI CHAPTER OF MORGAN STATE UNIVERSITY, INC.



Principal Place of Business Mailing Address

214 EAST ASHLEY STREET **214 EAST ASHLEY STREET**
JACKSONVILLE, FL 32201 **JACKSONVILLE, FL 32201**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3754301 Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL, REESE
214 EAST ASHLEY STREET
JACKSONVILLE, FL 32201

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and fee, if applicable. DATED: Registered Agent signature required when registering. DATE

Filing Fee is \$81.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGEWATER, FELICIA A 6232 REGIMENT DRIVE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, EDWARD R 2750 BARTLEY CIRCLE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COVINGTON, RONALD G 1044 TORTOIS WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNDON-JONES, DORIS 3878 EAGLE RIDGE DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/30/05-80109-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

SIGNATURE: _____ **4/28/05** **9043548929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #