

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90197 037 ****61.25

0002009

DOCUMENT # N01000007579



1. Entity Name
**JACKSONVILLE ALUMNI CHAPTER OF MORGAN STATE UNIV
ERSITY, INC.**

Principal Place of Business
**214 EAST ASHLEY STREET
JACKSONVILLE FL 32201**

Mailing Address
**214 EAST ASHLEY STREET
JACKSONVILLE FL 32201**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3754301**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Reese Marshall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

904 359 2455

CR2E037 (10/02)