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FILED

Jun 03, 2002 8:00 am
Secretary of State

05-17-2002 90016 002 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007579

1. Entity Name

JACKSONVILLE ALUMNI CHAPTER OF MORGAN STATE UNIVERSITY, INC.

Principal Place of Business

**214 EAST ASHLEY STREET
JACKSONVILLE FL 32201**

Mailing Address

**214 EAST ASHLEY STREET
JACKSONVILLE FL 32201**

91052

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3754301

Applied For
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**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRIDGEWATER, FELICIA A	
STREET ADDRESS	8232 REGIMENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYES, EDWARD R	
STREET ADDRESS	2750 BARTLEY CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COVINGTON, RONALD G	
STREET ADDRESS	1044 TORTOIS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNDON-JONES, DORIS	
STREET ADDRESS	3678 EAGLE RIDGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REESE MARSHALL

4/25/02

804 354 8429

Date

Daytime Phone #

CR2E037 (9/01)