

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

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**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRIDGEWATER, FELICIA A
STREET ADDRESS 6232 REGIMENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE VD
NAME HAYES, EDWARD R
STREET ADDRESS 2750 BARTLEY CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE SD
NAME COVINGTON, RONALD G
STREET ADDRESS 1044 TORTOIS WAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE TD
NAME HERNDON-JONES, DORIS
STREET ADDRESS 3678 EAGLE RIDGE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/17/06-80068-001 300.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-06