

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001099

1. Entity Name
ALUMNI ASSOCIATION, INC.



FILED

04 NOV -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7238 ATLANTIC BLVD
JACKSONVILLE, FL 32211

Mailing Address
7238 ATLANTIC BLVD
JACKSONVILLE, FL 32211

2. Principal Place of Business
900 Bridier St

3. Mailing Address
900 Bridier St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

03-0385379

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

GREEN, WALLY
7238 ATLANTIC BLVD
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name Clarence Long Sr
Street Address (P.O.-Box Number is Not Acceptable)
900 Bridier St
Jacksonville Fla. 32206
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 Clarence D. Long Sr

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

(NOTE: Registered Agent signature required when replacing agent.)

500041972945
10/19/04--01017--003 **75.00
500041972945
10/01/04--01084--005 **170.00

Filing Fee is \$61.25
Due by September 8, 2004

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

TITLE	D	☒ Delete
NAME	GREEN, WALLY	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☒ Delete
NAME	LANHAN, JOHN	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☐ Delete
NAME	LONG, CLARENCE	
STREET ADDRESS	7238 ATLANTIC BLVD 900 Bridier	
CITY-ST-ZIP	JACKSONVILLE, FL 32211 32206	
TITLE	D	☒ Delete
NAME	MASTERS, DOUG	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☐ Delete
NAME	EVANS, SALLY	
STREET ADDRESS	7238 ATLANTIC BLVD 900 Bridier St	
CITY-ST-ZIP	JACKSONVILLE, FL 32211 32206	
TITLE	D	☐ Delete
NAME	HALL, PAT	
STREET ADDRESS	7238 ATLANTIC BLVD 900 Bridier St	
CITY-ST-ZIP	JACKSONVILLE, FL 32211 32206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Arthur Dale Simmons	☐ Change ☒ Addition
NAME	900 Bridier St	
STREET ADDRESS	Jax. Fla. 32206	
CITY-ST-ZIP		
TITLE	Charles Van Oaren	☐ Change ☒ Addition
NAME	900 Bridier St	
STREET ADDRESS	Jax. Fla. 32206	
CITY-ST-ZIP		
TITLE	Ired Hodgkins	☐ Change ☒ Addition
NAME	900 Bridier St	
STREET ADDRESS	Jax., Fla. 32206	
CITY-ST-ZIP		
TITLE	Robert Henry	☐ Change ☒ Addition
NAME	900 Bridier St.	
STREET ADDRESS	Jax., Fla. 32206	
CITY-ST-ZIP		
TITLE	Jane Cole	☐ Change ☒ Addition
NAME	900 Bridier St.	
STREET ADDRESS	Jax., Fla. 32206	
CITY-ST-ZIP		
TITLE	George Mayer	☐ Change ☒ Addition
NAME	900 Bridier St.	
STREET ADDRESS	Jax., Fla. 32206	
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: Robert B. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-14-04 Daytime Phone # 354-0835