

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003096

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** EUGENE J. BUTLER ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

3488 UPHILL TERRACE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

900 ACORN STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

3488 UPHILL TERRACE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

900 ACORN STREET  
JACKSONVILLE, FL 32209

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CROSBY, MELVIN  
3488 UPHILL TERRACE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

GREGORY, JACKSON ESQUIRE  
900 ACORN STREET  
JACKSONVILLE, FL 32209 US

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: GREGORY A. JACKSON, ATTORNEY AT LAW

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COB  
Name: BRENDA, BELLARD-HARRIS  
Address: 900 ACORN STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCOB  
Name: GREGORY, JACKSON ESQUIRE  
Address: 7643 GATE PARKWAY 104-3  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S  
Name: KHELIA, FRANCIS  
Address: 5025 KERIE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T  
Name: BYERL, WHITE-BEAM  
Address: 10135 GATE PARKWAY N #308  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P  
Name: VONCILE, HEATH CHAPLIN  
Address: 900 ACORN STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: P  
Name: LAVERNE, TIMOTHY  
Address: 900 ACORN STREET  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA BELLARD-HARRIS

COB

04/29/2011

Electronic Signature of Signing Officer or Director

Date