

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003096

FILED
Apr 26, 2012
Secretary of State

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

Current Principal Place of Business:

900 ACORN STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

900 ACORN STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: 900 ACORN STREET
City-St-Zip: JACKSONVILLE, FL 32209

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

04/26/2012

Electronic Signature of Signing Officer or Director

Date