

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19511 (7)**

1. Corporation Name
THE JEWETT ALUMNI ASSOCIATION, INC.



Principal Place of Business: **2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881-1725 US**
Mailing Address: **2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881-1725 US**

3. Date Incorporated or Qualified: **02/27/1987**
3a. Date of Last Report: **01/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2762782	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *DONZELL FLOYD - Chairman* *Donzell Floyd* *1/24/96*
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, EDITH W.	1 2 NAME	
STREET ADDRESS	1281 "38TH" ST NW	1 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GUSSIE H.	2 2 NAME	
STREET ADDRESS	2255 FIRST STREET NORTH	2 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, JOANN O.	3 2 NAME	
STREET ADDRESS	2300 S. SWAN COURT, N.E.	3 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3 4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, DONZELL	4 2 NAME	
STREET ADDRESS	2447 MARY JEWETT CIRCLE	4 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donzell Floyd* **DONZELL FLOYD** *1/24/96* *(941)293-6548*
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (12/95)