


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N19511 1. Entity Name THE JEWETT ALUMNI ASSOCIATION, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



MOORE CR2E037 (11/03)

Zip	Country	Zip	Country	4. FEI Number 59-2762782	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Deletion D BROWN, EDITHE W. STREET ADDRESS 1281 "38TH" ST NW CITY - ST - ZIP WINTER HAVEN FL	TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Deletion U00000054371 02/16/04-80167-017 61.25
NAME	CLARK, GUSSIE H.	NAME	
STREET ADDRESS	2255 FIRST STREET NORTH	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	TYLER, JOANN O.	NAME	
STREET ADDRESS	2300 S. SWAN COURT, N.E.	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	CITY - ST - ZIP	
TITLE	C	TITLE	
NAME	FLOYD, DONZELL	NAME	
STREET ADDRESS	2447 MARY JEWETT CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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: *Donzell Floyd* **Donzell Floyd** **2/12/04 (863) 293-6548**