


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 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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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2762782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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: *Donzell Floyd* DATE: *2/9/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 <input type="checkbox"/> Delete BROWN, EDITHE W. 1281 "38TH" ST NW WINTER HAVEN FL
TITLE	D <input type="checkbox"/> Delete CLARK, GUSSIE H. 2255 FIRST STREET NORTH WINTER HAVEN FL
TITLE	D <input type="checkbox"/> Delete TYLER, JOANN O. 2300 S. SWAN COURT, N.E. WINTER HAVEN FL
TITLE	C <input type="checkbox"/> Delete FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000240750 02/24/05-80016-011 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donzell Floyd* DATE: *2/9/05* DAYTIME PHONE: *(863)293-6548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #