


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 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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01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2762782	Applied For 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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDITHE W. 1281 "38TH" ST NW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, GUSSIE H. 2255 FIRST STREET NORTH WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, JOANN O. 2300 S. SWAN COURT, N.E. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000785579
01/17/08-80006-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/10/08 (863)293-6548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #