


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90905 017 \*\*\*\*61.25

<b>DOCUMENT # N19511</b>			
1. Entity Name <b>THE JEWETT ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33891-1725 US</b>		Mailing Address <b>2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33891-1725 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-2762782</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33891</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, EDITH W.</b> <b>1281 38TH ST NW</b> <b>WINTER HAVEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, GUSSIE H.</b> <b>2255 FIRST STREET NORTH</b> <b>WINTER HAVEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TYLER, JOANN O.</b> <b>2300 S. SWAN COURT, N.E.</b> <b>WINTER HAVEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FLOYD, DONZELL</b> <b>2447 MARY JEWETT CIRCLE</b> <b>WINTER HAVEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Donzell Floyd</i></u> <b>Donzell Floyd</b>		Date: <u>1/23/03</u> (863)293-6548	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

CFR03037 (10/02)