

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** N34666 (0)  
1. Corporation Name

**Thomas Jefferson High School Alumnie  
Association, Inc.**

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
**Oct. 13, 1989**

3a. Date of Last Report  
**April 17, 1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **501 E. Kennedy Blvd.**

22 City & State

27 Suite, Apt. #, etc.

**1400**

23 Zip

Country

28 **Tampa, Florida**

29 Zip

**33602**

24

25

29

**Hillsborough**

9. Name and Address of Current Registered Agent

**Gifford, Donald A.  
501 E. Kennedy Blvd.  
Tampa, Florida 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President / D** ☐ DELETE  
NAME **Fellicione, Joe**  
STREET ADDRESS **5301 N. Mendenhall**  
CITY-ST-ZIP **Tampa, Fl.**

TITLE **Vice Pres. / D** ☐ DELETE  
NAME **Edelson, Irving**  
STREET ADDRESS **1019 S. Rome**  
CITY-ST-ZIP **Tampa, Fl. 33606**

TITLE **Sec. / D** ☐ DELETE  
NAME **Butts, Lois**  
STREET ADDRESS **11306 J&B Blvd.**  
CITY-ST-ZIP **Riverview, Fl. 33569**

TITLE **Treas. / D** ☐ DELETE  
NAME **Prida, Luciano**  
STREET ADDRESS **1016 W. Kentucky**  
CITY-ST-ZIP **Tampa, Fl. 33603**

TITLE **D** ☐ DELETE  
NAME **Alvarez, Evelyn**  
STREET ADDRESS **3204 W. Woodlawn**  
CITY-ST-ZIP **Tampa, Fl. 33607**

TITLE **Cons. Sec. / D** ☐ DELETE  
NAME **Menendez, Amelia**  
STREET ADDRESS **8412 N. Grady**  
CITY-ST-ZIP **Tampa, Fl. 33614**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**5/28/96**

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14. I do hereby certify that the information supplied in 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:**

**Luciano Prida, Treas.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Luciano Prida, Treas. 5-21-96**

**813**

Date Daytime Phone **226-6091**

CR2E037 (12/95)