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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N34666 (0)

1. Corporation Name

THOMAS JEFFERSON HIGH SCHOOL ALUMNI ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

501 E KENNEDY BLVD.  
SUITE 1400  
TAMPA FL 33602

501 E KENNEDY BLVD.  
SUITE 1400  
TAMPA FL 33602-4991



3. Date Incorporated or Qualified  
10/13/1989

3a. Date of Last Report  
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Jefferson High School

26 1106 N. Franklin St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4423 W. Cypress

27

City & State  
Tampa, Florida

City & State  
Tampa, Fl. 33602

Zip Country

Zip Country

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4. FEI Number  
59-2971684

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIFFORD, DONALD A.  
501 EAST KENNEDY BLVD. SUITE 1400  
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS PRIDA, LUCIANO  
CITY - ST - ZIP 1106 NO FRANKLIN STR  
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS BUTTS, LOIS, H  
CITY - ST - ZIP 11306 J&B BLVD  
RIVERVIEW FL 33589

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MENEDEZ, AMELIA  
CITY - ST - ZIP 8412 N GRADY  
TAMPA FL 33614

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME VPT  
STREET ADDRESS EDELSON, IRVING  
CITY - ST - ZIP 1019 S. ROME AVENUE  
TAMPA FL 33606

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME VPT  
4.3 STREET ADDRESS Wynell Gilbert  
4.4 CITY - ST - ZIP 4512 S. Clark Ave.  
Tampa, Fl. 33611

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS PRIDA, ALICE  
CITY - ST - ZIP 1016 W. KENTUCKY AVE  
TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS FELICIONE, JOE  
CITY - ST - ZIP 5301 N MENDENHALL  
TAMPA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luciano

1-28-97

813 226 6091

CR2E037 (9/96)