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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34666** (0)

1. Corporation Name

THOMAS JEFFERSON HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business

JEFFERSON HIGH SCHOOL
4423 W CYPRESS
TAMPA FL 33602
US

Mailing Address

1106 N FRANKLIN ST
TAMPA FL 33602
US

3. Date Incorporated or Qualified

10/13/1989

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **TD** ☐ DELETE

NAME **PRIDA, LUCIANO**
STREET ADDRESS **1106 NO FRANKLIN STR**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE

NAME **BUTTS, LOIS, H**
STREET ADDRESS **11306 J&B BLVD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **S** ☐ DELETE

NAME **MENEDEZ, AMELIA**
STREET ADDRESS **8412 N GRADY**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VPT** ☐ DELETE

NAME **EDELSON, IRVING**
STREET ADDRESS **1019 S. ROME AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VP** ☐ DELETE

NAME **PRIDA, ALICE**
STREET ADDRESS **1016 W. KENTUCKY AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☐ DELETE

NAME **FELICIONE, JOE**
STREET ADDRESS **5301 N MENDENHALL**
CITY-ST-ZIP **TAMPA FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

Date

Daytime Phone #

PRIDA 1-13-98 813/226-6091

CR2E037 (10/97)