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Feb 08, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34666

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/13/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2971684
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
		30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDA, LUCIANO	1.2 NAME	
STREET ADDRESS	1106 NO FRANKLIN STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTS, LOIS, H	2.2 NAME	
STREET ADDRESS	11306 J&B BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENEDEZ, AMELIA	3.2 NAME	
STREET ADDRESS	8412 N GRADY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, IRVING	4.2 NAME	
STREET ADDRESS	1019 S. ROME AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDA, ALICE	5.2 NAME	
STREET ADDRESS	1016 W. KENTUCKY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIONE, JOE	6.2 NAME	
STREET ADDRESS	5301 N MENDENHALL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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, with all other like empowered.

SIGNATURE: _____

Luciano Prida

Jan--12-99

813 226 6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone