


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90030 001 \*\*\*211.25

<b>DOCUMENT # N34666</b>	
<b>1. Entity Name</b> THOMAS JEFFERSON HIGH SCHOOL ALUMNI ASSOCIATION, INC.	

<b>Principal Place of Business</b> JEFFERSON HIGH SCHOOL 4423 W CYPRESS TAMPA FL 33602 US	<b>Mailing Address</b> 120 GOLDENWOOD DR. BRANDON FL 33511 US
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<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.	<b>3. Mailing Address</b>  Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

	
<b>4. FEI Number</b> 59-2971684	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  PATE, DONALD B 120 GOLDENROD DR. BRANDON FL 33511
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>TD</b> PATE, DONALD B 120 GOLDENWOOD DR. BRANDON FL 33511 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> MENENDEZ, MIKE 6706 PEMBERTON VIEW DR. SEFFNER FL 33584 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>SD</b> CAPLINGER, FLORENTINE 1013 MEADOW LANE BRANDON FL 33511 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> PRIDA, ALICE 1016 W. KENTUCKY AVE. TAMPA FL 33603 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> LOBATO, MANUEL 3124 TAMPA BAY BLVD TAMPA FL 33607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> WATKINS, CHARLES 14439 WADSWORTH DR ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> 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 exemptions contained in Section 119, 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:** Donald B. Pate **DONALD B. PATE** 3/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #