

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 043 ****61.25

DOCUMENT # N34666

1. Entity Name

THOMAS JEFFERSON HIGH SCHOOL ALUMNI
ASSOCIATION, INC.



Principal Place of Business

JEFFERSON HIGH SCHOOL
4423 W CYPRESS
TAMPA FL 33602
US

Mailing Address

120 GOLDENWOOD DR.
BRANDON FL 33511
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2971684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 true if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PATE, DONALD B	
STREET ADDRESS	120 GOLDENWOOD DR.	
CITY- ST- ZIP	BRANDON FL 33511	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ, MIKE	
STREET ADDRESS	6706 PEMBERTON VIEW DR.	
CITY- ST- ZIP	SEFFNER FL 33584	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPLINGER, FLORENTINE	
STREET ADDRESS	1013 MEADOW LANE	
CITY- ST- ZIP	BRANDON FL 33511	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRIDA, ALICE	
STREET ADDRESS	1016 W. KENTUCKY AVE.	
CITY- ST- ZIP	TAMPA FL 33603	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOBATO, MANUEL	
STREET ADDRESS	3124 TAMPA BAY BLVD	
CITY- ST- ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Julio Giovenco	
4116 W. Cass St.	
Tampa, FL 33609	
Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Yolanda Fernandez	
4703 Crista Ct. Apt. 347	
Tampa, FL 33604	

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:

Alice Prida

Alice Prida

2-1-08