## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34666

FILED May 15, 2009 Secretary of State

Entity Name: THOMAS JEFFERSON HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Surrent Pr	incipal Place of Business:	New Principal Plac	e of Business:
	N HIGH SCHOOL		
1423 W CY			
ΓΑΜΡΑ, FL	. 33602 US		
Current Ma	ailing Address:	New Mailing Addre	ess:
120 GOLDE	ENWOOD DR.	1016 W KENTUCKY	'AVENUE
	, FL 33511 US	TAMPA, FL 33603	US
El Number: n accordanc	59-2971684 FEI Number Applied For ( ) FEI e with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable ( ) ve the prior notice.	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
PATE, DON	JALD B	PRIDA. ALICE M P	
	ENROD DR.	1016 W KENTUCKY	'AVENUE
BRANDON	, FL 33511 US	TAMPA, FL 33603	US
n the State		e of changing its register	
n the State		e of changing its register	red office or registered agent, or both,  05/15/2009  Date
n the State SIGNATUR	of Florida. E: ALICE M PRIDA		05/15/2009
n the State SIGNATUR	of Florida.  E: ALICE M PRIDA  Electronic Signature of Registered Agent  AND DIRECTORS:  SD () Delete		05/15/2009 Date
n the State SIGNATUR  DFFICERS  Title: Jame:	of Florida.  E: ALICE M PRIDA  Electronic Signature of Registered Agent  AND DIRECTORS:  SD () Delete CAPLINGER, FLORENTINE	ADDITIONS/CHANG Title: Name:	05/15/2009  Date  GES TO OFFICERS AND DIRECTOR
n the State SIGNATUR  DFFICERS Title: Jame: Address:	of Florida.  E: ALICE M PRIDA  Electronic Signature of Registered Agent  AND DIRECTORS:  SD () Delete CAPLINGER, FLORENTINE 1013 MEADOW LANE	ADDITIONS/CHANG Title: Name: Address:	05/15/2009  Date  GES TO OFFICERS AND DIRECTOR
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n the State BIGNATUR  DFFICERS Title: Jame: Jame: James Joity-St-Zip: Title:	of Florida.  E: ALICE M PRIDA  Electronic Signature of Registered Agent  AND DIRECTORS:  SD () Delete CAPLINGER, FLORENTINE 1013 MEADOW LANE BRANDON, FL 33511  P () Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	05/15/2009  Date  GES TO OFFICERS AND DIRECTOR
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE M PRIDA P 05/15/2009