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NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

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Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90002 018 ****61.25

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N46340

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. Corporation	on Name N ALUMNI ASSOCIATION, IN	NC.					
Principal Plac 9951 ATLANTI SUITE 209 JACKSONVILL		Mailing Address 9951 ATLANTIC BLVD. SUITE 209 JACKSONVILLE FL 32225					
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	Date Incorporated or Qualifed 12/05/1991		<u> </u>	
21 Suite, Apt.	# atc	Suite, Apt. #, etc.		4. FEI Number		Applie	d Fac
22	. // , 610.	27		59-3015112			plicable
City & Star	te	City & State			- <u></u> \$	8.75 Addi	
23		28		5. Certificate of Status Desired		Fee Requir	I .
Zip	Country	Zip	Country	6. Election Campaign Financing		\$5.00 May	v Be
24	. 25	29 30	0	Trust Fund Contribution	<u>.</u>	Added to Fe	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New	Registered Age	nt	
	*		81 Name				
	ELD, MARKS R.		82 Street Addr	ress (P.O. Box Number is Not Accep-	able)	•	
0051 ATI	ANTIC BLVD.						
	^		83				
SUITE 20			[]				
SUITE 201 JACKSON	WILLE FL 32225	2 and \$17 1508 Florida Statutos	84 City	a sau tia turi su tia	FL 85	i I i	
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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.

6.1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

☐ Change

Addition