


FILE NOW: FILING FEE IS \$61.25

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97 JUL 10 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000743 (2) 1. Corporation Name CHARLES R. DREW ALUMNI ASSOCIATION INCORPORATED					
Principal Place of Business %JIMMY TURNER 1165 LINCOLN TERRACE WINTER GARDEN FL 34787			Mailing Address %JIMMY TURNER 1165 LINCOLN TERRACE WINTER GARDEN FL 34787-2964		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/08/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3411677	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TURNER, JIMMY 1165 LINCOLN TERRACE WINTER GARDEN FL 34787			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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JOSEPH		1.2 NAME	D Jenkins, Fern	
STREET ADDRESS	6108 MILLSTONE RUN		1.3 STREET ADDRESS	1207 Sunridge Dr.	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, WILLIAM		2.2 NAME	D Joyce Edwards	
STREET ADDRESS	4797 VARGAS STREET		2.3 STREET ADDRESS	1184 Moxey Drive	
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JENKINS, FERN		3.2 NAME	S Johanne Mae Anderson	
STREET ADDRESS	1707 SUNRIDGE DR		3.3 STREET ADDRESS	249 Center Street	
CITY-ST-ZIP	APOPKA FL 32703		3.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURNER, JIMMY		4.2 NAME	D Clara Davis	
STREET ADDRESS	1165 LINCOLN TERRACE		4.3 STREET ADDRESS	3598 Egret Dr.	
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME	500002238085--6	
STREET ADDRESS			5.3 STREET ADDRESS	07/15/97--01034--001	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****70.00	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME	7/10/97	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)