

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N96000000743 (2)**  
1. Corporation Name  
**CHARLES R. DREW ALUMNI ASSOCIATION INCORPORATED**



Principal Place of Business <b>JIMMY TURNER 1165 LINCOLN TERRACE WINTER GARDEN FL 34787</b>	Mailing Address <b>JIMMY TURNER 1165 LINCOLN TERRACE WINTER GARDEN FL 34787</b>
--	--

3. Date Incorporated or Qualified <b>02/08/1996</b>	4. FEI Number <b>59-3411677</b>	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, JIMMY  
1165 LINCOLN TERRACE  
WINTER GARDEN FL 34787**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOSEPH</b>	1.2 NAME <b>Johnson, Joseph</b>
STREET ADDRESS	<b>6108 MILLSTONE RUN</b>	1.3 STREET ADDRESS <b>6108 Millstone Run</b>
CITY-ST-ZIP	<b>STONE MOUNTAIN GA 30087</b>	1.4 CITY-ST-ZIP <b>Stone Mountain, GA 30087</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, WILLIAM</b>	2.2 NAME <b>White William</b>
STREET ADDRESS	<b>4797 VARGAS STREET</b>	2.3 STREET ADDRESS <b>4797 Vargas Street</b>
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	2.4 CITY-ST-ZIP <b>Orlando, FL 32811</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENKINS, FERN</b>	3.2 NAME <b>McFarland, Patricia</b>
STREET ADDRESS	<b>1207 SUNRIDGE DRIVE</b>	3.3 STREET ADDRESS <b>12548 Lake Ridge Cir</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	3.4 CITY-ST-ZIP <b>Clermont, FL 34711</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, JIMMY</b>	4.2 NAME
STREET ADDRESS	<b>1165 LINCOLN TERRACE</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	4.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, JOYCE</b>	5.2 NAME
STREET ADDRESS	<b>1184 MONEY DRIVE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	5.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, CLARA</b>	6.2 NAME <b>S/D Carmichael Patricia</b>
STREET ADDRESS	<b>3506 EGRET DRIVE</b>	6.3 STREET ADDRESS <b>300 Railroad Ave.</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	6.4 CITY-ST-ZIP <b>Winter Garden, FL 34787</b>

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.

SIGNATURE: **L. J. [Signature]** Treasurer 4/27/98 (407) 646-5286

CR2E037 (1097)