

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90122 022 \*\*\*\*70.00

**DOCUMENT # N96000000743**

1. Entity 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

24074360



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411677

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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **D** ☐ Delete  
NAME **JOHNSON, JOSEPH**  
STREET ADDRESS **6108 MILLSTONE RUN**  
CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

TITLE **P** ☐ Delete  
NAME **WHITE, WILLIAM**  
STREET ADDRESS **4797 VARGAS STREET**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **V** ☐ Delete  
NAME **MCFARLAND, PATRICIA**  
STREET ADDRESS **12548 LAKE RIDGE CT**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ Delete  
NAME **TURNER, JIMMY**  
STREET ADDRESS **1165 LINCOLN TERRACE**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete  
NAME **EDWARDS, JOYCE**  
STREET ADDRESS **1184 MONEY DRIVE**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **SD** ☐ Delete  
NAME **CARMICHAEL, PATRICIA**  
STREET ADDRESS **300 RAILROAD AVE**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Jimmy L. Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (407) 656-7496  
Date Daytime Phone #