


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # N96000000743</b> 1. Entity Name <b>CHARLES R. DREW ALUMNI ASSOCIATION INCORPORATED</b>																																																																																															
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>																																																																																													
2. Principal Place of Business		3. Mailing Address																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State		City & State		4. FEI Number <b>59-3411677</b>																																																																																											
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																											
6. Name and Address of Current Registered Agent  <b>TURNER, JIMMY 1165 LINCOLN TERRACE WINTER GARDEN FL 34787</b>				7. Name and Address of New Registered Agent																																																																																											
				Name																																																																																											
				Street Address (P.O. Box Number is Not Acceptable)																																																																																											
				City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																											
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																															
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D JOHNSON, JOSEPH</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6108 MILLSTONE RUN</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">STONE MOUNTAIN GA 30087</td> </tr> <tr> <td>TITLE</td> <td>P WHITE, WILLIAM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4797 VARGAS STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO FL 32811</td> </tr> <tr> <td>TITLE</td> <td>V MCFARLAND, PATRICIA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">12548 LAKE RIDGE CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CLERMONT FL 34711</td> </tr> <tr> <td>TITLE</td> <td>T TURNER, JIMMY</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1165 LINCOLN TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WINTER GARDEN FL 34787</td> </tr> <tr> <td>TITLE</td> <td>D EDWARDS, JOYCE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1184 MONEY DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WINTER GARDEN FL 34787</td> </tr> <tr> <td>TITLE</td> <td>SD CARMICHAEL, PATRICIA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">300 RAILROAD AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WINTER GARDEN FL 34787</td> </tr> </table>		TITLE	D JOHNSON, JOSEPH	<input type="checkbox"/> Delete	STREET ADDRESS	6108 MILLSTONE RUN		CITY-ST-ZIP	STONE MOUNTAIN GA 30087		TITLE	P WHITE, WILLIAM	<input type="checkbox"/> Delete	STREET ADDRESS	4797 VARGAS STREET		CITY-ST-ZIP	ORLANDO FL 32811		TITLE	V MCFARLAND, PATRICIA	<input type="checkbox"/> Delete	STREET ADDRESS	12548 LAKE RIDGE CT		CITY-ST-ZIP	CLERMONT FL 34711		TITLE	T TURNER, JIMMY	<input type="checkbox"/> Delete	STREET ADDRESS	1165 LINCOLN TERRACE		CITY-ST-ZIP	WINTER GARDEN FL 34787		TITLE	D EDWARDS, JOYCE	<input type="checkbox"/> Delete	STREET ADDRESS	1184 MONEY DRIVE		CITY-ST-ZIP	WINTER GARDEN FL 34787		TITLE	SD CARMICHAEL, PATRICIA	<input type="checkbox"/> Delete	STREET ADDRESS	300 RAILROAD AVE		CITY-ST-ZIP	WINTER GARDEN FL 34787		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																																																																															
<b>SIGNATURE:</b> _____ <span style="float: right;">4/29/05 (407) 656-7496</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																															