

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000743

FILED
Apr 28, 2009
Secretary of State

Entity Name: CHARLES R. DREW ALUMNI ASSOCIATION INCORPORATED

Current Principal Place of Business:

%JIMMY TURNER
1165 LINCOLN TERRACE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

%JIMMY TURNER
1165 LINCOLN TERRACE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3411677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TURNER, JIMMY L
1165 LINCOLN TERRACE
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: JIMMY L. TURNER

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JOSEPH
Address: 6108 MILLSTONE RUN
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: P () Delete
Name: WHITE, WILLIAM
Address: 4797 VARGAS STREET
City-St-Zip: ORLANDO, FL 32811

Title: V () Delete
Name: MCFARLAND, PATRICIA
Address: 12548 LAKE RIDGE CT
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: TURNER, JIMMY
Address: 1165 LINCOLN TERRACE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: EDWARDS, JOYCE
Address: 1184 MONEY DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: CARMICHAEL, PATRICIA
Address: 300 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, JOYCE
Address: 1184 MAXEY DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY L. TURNER

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04/28/2009

Electronic Signature of Signing Officer or Director

Date