

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90190 028 ****70.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3411677**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH	
STREET ADDRESS	6108 MILLSTONE RUN	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM	
STREET ADDRESS	4797 VARGAS STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCFARLAND, PATRICIA	
STREET ADDRESS	12548 LAKE RIDGE CT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, JIMMY	
STREET ADDRESS	1165 LINCOLN TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, JOYCE	
STREET ADDRESS	1184 MONEY DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARMICHAEL, PATRICIA	
STREET ADDRESS	300 RAILROAD AVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4/30/03

(407) 656-7496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)