


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001456</b>			
1. Entity Name <b>ROBINSON JENKINS ELLERSON ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>1513 ESTELLE STREET STARKE, FL 32091</b>	Mailing Address <b>1513 ESTELLE STREET STARKE, FL 32091</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		 <b>04282004 No Chg-NP CR2E037 (10/03)</b>	
		4. FEI Number <b>59-3523814</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETTEWAY, VALARA 1513 ESTELLE STREET STARKE, FL 32091</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>U000000146139 05/03/04-80055-019 61.25</b>	
TITLE	DP PETTEWAY, VALARA 1513 ESTELLE STREET STARKE, FL 32091	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	VD PARKS, MARY 1317 CHARLES COURT STARKE, FL 32091		
STREET ADDRESS	TD JACKSON, GLORY 942 N. OAK ST. STARKE, FL 32091		
CITY - ST - ZIP	SD FORD, SHIRLEY 385 DAVIS STREET STARKE, FL 32091		
CITY - ST - ZIP	MD PETTEWAY, MILDRED RT 3 BOX 235 STARKE, FL 32091		
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: <u>Glory Jackson - Glory Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/29/04</u>	Daytime Phone #: <u>(904) 966-6001</u>