2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001456

1. Entity Name
ROBINSON JENKINS ELLERSON ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1513 ESTELLE STREET STARKE, FL 32091	1513 ESTELLE STREET STARKE, FL 32091

02072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3523814
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTEWAY, VALARA
1513 ESTELLE STREET
STARKE, FL 32091

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000305865
04/14/05-80104-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PETTEWAY, VALARA
STREET ADDRESS	1513 ESTELLE STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VD
NAME	PARKS, MARY
STREET ADDRESS	1317 CHARLES COURT
CITY-ST-ZIP	STARKE, FL 32091
TITLE	TD
NAME	JACKSON, GLORY
STREET ADDRESS	942 N. OAK ST.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	SD
NAME	FORD, SHIRLEY
STREET ADDRESS	385 DAVIS STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	MD
NAME	PETTEWAY, MILDRED
STREET ADDRESS	RT 3 BOX 235
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
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)(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: Mary Jackson - Glory Jackson 4/11/05 (904)966-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #