

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001456

FILED  
Aug 23, 2006  
Secretary of State

**Entity Name:** ROBINSON JENKINS ELLERSON ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

1513 ESTELLE STREET  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

1513 ESTELLE STREET  
STARKE, FL 32091

**New Mailing Address:**

**FEI Number:** 59-3523814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PETTEWAY, VALARA  
1513 ESTELLE STREET  
STARKE, FL 32091      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PETTEWAY, VALARA  
Address: 1513 ESTELLE STREET  
City-St-Zip: STARKE, FL 32091

Title: VD ( ) Delete  
Name: PARKS, MARY  
Address: 1317 CHARLES COURT  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Delete  
Name: JACKSON, GLORY  
Address: 942 N. OAK ST.  
City-St-Zip: STARKE, FL 32091

Title: SD ( ) Delete  
Name: FORD, SHIRLEY  
Address: 385 DAVIS STREET  
City-St-Zip: STARKE, FL 32091

Title: MD ( ) Delete  
Name: PETTEWAY, MILDRED  
Address: RT 3 BOX 235  
City-St-Zip: STARKE, FL 32091

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: MYERS, DAVID  
Address: P.O. BOX 159  
City-St-Zip: STARKE, FL 32091

Title: BD (X) Change ( ) Addition  
Name: FLOWERS, GWENDOLYN  
Address: P.O. BOX 159  
City-St-Zip: STARKE, FL 32091

Title: TD (X) Change ( ) Addition  
Name: JACKSON, JOANN  
Address: P.O. BOX 159  
City-St-Zip: STARKE, FL 32091

Title: SD (X) Change ( ) Addition  
Name: FORD, SHIRLEY  
Address: P.O. BOX 159  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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: VALARA PETTEWAY

DP

08/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date