

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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7/14/00 90017 041*6/25

05-03-2004 91235 036 ****61.25

FILED N99000002929

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

REINSTATEMENT 00-04



MOORE CR2E037 (11/03)

MRS

DOCUMENT # N99000002929 1. Entity Name THE NEW NATIONAL ALUMNI ASSOCIATION OF EDWARD WATERS COLLEGE, INC. <i>WNY-15634</i>		
Principal Place of Business 6714 CORDAY CT. JACKSONVILLE FL 32208	Mailing Address P.O. BOX 2120 JACKSONVILLE FL 32203	
2. Principal Place of Business <i>Edward Waters College</i> Suite, Apt. #, etc. <i>Office of Alumni Affairs</i> <i>1658 Kings Rd.</i> City & State <i>Jacksonville FL</i> Zip <i>32209</i>	3. Mailing Address <i>P.O. Box 12883</i> Suite, Apt. #, etc. City & State <i>Jax FL</i> Zip <i>32209</i>	Country <i>United States</i>

4. FEI Number <i>59-1146751</i>	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FARLEY, NATHANIEL JR. 6714 CORDAY CT. JACKSONVILLE FL 32208	7. Name and Address of New Registered Agent Name <i>Juliet H. Fields</i> Street Address (P.O. Box Number is Not Acceptable) <i>2144 Courtney Drive</i> City <i>Jacksonville</i> FL Zip Code <i>32208</i>
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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 *Juliet H. Fields, Vice Pres* *4-30-04*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>P</i> NAME <i>Nathaniel Farley, Jr.</i> STREET ADDRESS <i>6714 Corday Ct.</i> CITY-ST-ZIP <i>Jacksonville, FL 32208</i> ☒ Delete		TITLE <i>P</i> NAME <i>Dr. Roy Ishman Mitchell</i> STREET ADDRESS <i>P.O. Box 40992</i> CITY-ST-ZIP <i>Jacksonville, FL 32203</i> ☒ Change ☐ Addition	
TITLE <i>V</i> NAME <i>Juliet H. Fields</i> STREET ADDRESS <i>2144 Courtney Drive</i> CITY-ST-ZIP <i>Jacksonville FL 32208</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE <i>S</i> NAME <i>Jean A. Lewis</i> STREET ADDRESS <i>9356 Norfolk</i> CITY-ST-ZIP <i>Jacksonville FL 32208</i> ☐ Delete		TITLE <i>S</i> NAME <i>James R. Austin</i> STREET ADDRESS <i>8303 Chason Rd. East</i> CITY-ST-ZIP <i>Jacksonville FL 32244</i> ☒ Change ☐ Addition	
TITLE <i>T</i> NAME <i>Linda W. Holmes</i> STREET ADDRESS <i>5356 Tubman Drive North</i> CITY-ST-ZIP <i>Jacksonville FL 32219</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME <i>Parl. Marguerite Warren</i> STREET ADDRESS <i>1405 Harrison Ct.</i> CITY-ST-ZIP <i>Jacksonville FL 32208</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE <i>Chaplain</i> NAME <i>Carrie DeJournette</i> STREET ADDRESS <i>P.O. Box 28628</i> CITY-ST-ZIP <i>Jacksonville FL 32226</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

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: *Juliet H. Fields, Vice Pres. Juliet H. Fields* *4/30/04-904-630-4900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

54051845
N99000002929
202

*The New Alumni Association of
Edward Waters College Inc.*

*P.O. Box 12883
Jacksonville, Florida 32209
April 29, 2004*

*Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32214*

Re: Document Number N99000002929

To Whom It May Concern:

This letter is to advise that I Linda W. Holmes, Treasurer for the above association never received a statement regarding the annual dues. Never received the letter for correction dated November 20, 2000. L.H. (6/7/04)
Enclosed you will find the completed application and a check in the amount of sixty-one dollars and twenty five cents. I hereby request that this information and payment will give the above organization full rights and privileges here forth.

If any additional information is required, I can be reached at the above address.

Sincerely,

Linda W. Holmes
Linda W. Holmes, Treasurer