

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 10 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002929

1. Entity Name
THE NEW NATIONAL ALUMNI ASSOCIATION OF
EDWARD WATERS COLLEGE, INC.



Principal Place of Business
1658 KINGS RD
EDWARD WATERS COLLEGE
JACKSONVILLE, FL 32209

Mailing Address
PO BOX ~~42003~~ 410792
JACKSONVILLE, FL ~~32209~~ 32203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-1146751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, JULIET H
2144 COURTNEY DRIVE
JACKSONVILLE, FL 32208

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

Juliet H. Fields

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/06

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MITCHELL, ROY ISHMAN I DR
STREET ADDRESS PO BOX 40992
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FIELDS, JULIET H
STREET ADDRESS 2144 COURTNEY DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LEWIS, JEAN A
STREET ADDRESS 9356 NORFOLK
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HOLMES, LINDA W
STREET ADDRESS 5356 TUBMAN DRIVE NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME AUSTIN, JAMES R
STREET ADDRESS 8303 CHASON RD EAST
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WARREN, MARGUERITE
STREET ADDRESS 1405 HARRISON CT
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Marguerite B.L. Warren, (Marguerite B.L. Warren) 5/28/06 5/28