


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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 40792 JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1146751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, JULIET H
2144 COURTNEY DRIVE
JACKSONVILLE, FL 32208**

**DO NOT WRITE
IN THIS SPACE**

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)

2/7/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000922134
02/19/08-80055-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, ROY ISHMAN I DR PO BOX 40992 JACKSONVILLE, FL 32203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, JULIET H 2144 COURTNEY DRIVE JACKSONVILLE, FL 32208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, JEAN A 9356 NORFOLK JACKSONVILLE, FL 32208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, LINDA W 5356 TUBMAN DRIVE NORTH JACKSONVILLE, FL 32219
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, JAMES R 8303 CHASON RD EAST JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, MARGUERITE 1405 HARRISON CT JACKSONVILLE, FL 32208
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**DO NOT WRITE
IN THIS SPACE**

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:

Juliet H. Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08
Date

Daytime Phone #