

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002929

FILED
Aug 06, 2011
Secretary of State

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

Current Principal Place of Business:

1658 KINGS RD
EDWARD WATERS COLLEGE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

PO BOX 40792
JACKSONVILLE, FL 32206

New Mailing Address:

PO BOX 40792
JACKSONVILLE, FL 32203

FEI Number: 80-0550876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WARREN, MARGUERITE
Address: 1405 HARRISON COURT
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: FIELDS, JULIET H
Address: 2144 COURTNEY DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: FS
Name: ELPS, CLAUDETTE
Address: 5500 SUNNY ACRES DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: T
Name: HOLMES, LINDA W
Address: 5356 TUBMAN DRIVE, NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: S
Name: MILTON, PATRICIA
Address: 6230 ARMSTRONG RD
City-St-Zip: ELKTON, FL 32033

Title: P
Name: BELL, LEVI
Address: 650 APPIAN WAY
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: MARGUERITE WARREN

PRES

08/06/2011

Electronic Signature of Signing Officer or Director

Date