

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010490

**Entity Name:** DOUGLAS ANDERSON ALUMNI ASSOCIATION INC.**Current Principal Place of Business:**3203 SABAL PALM DRIVE  
JACKSONVILLE, FL 32277**Current Mailing Address:**POST OFFICE BOX 5583  
JACKSONVILLE, FL 32247**FEI Number: 26-4466103****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BAKER, LEONARD  
1189 EMILYS WALK LANE E  
JACKSONVILLE, FL 32221 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	DAVIS, SAMUEL JR.
Address	3203 SABAL PALM DRIVE
City-State-Zip:	JACKSONVILLE FL 32277

Title	SECRETARY
Name	COLEMAN, FLORA D
Address	11217 FORESTDALE ROAD
City-State-Zip:	JACKSONVILLE FL 32218-6327

Title	BUSINESS MANAGER
Name	TURNER, VERONICA
Address	3000 CARONET LANE APARTMENT #154
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER
Name	BROOKS, BOBBIE
Address	8556 SANLANDO AVENUE
City-State-Zip:	JACKSONVILLE FL 32211

Title	FINANCIAL SECRETARY
Name	WEBB, PHYLISS
Address	4403 TELKA LYNN DRIVE
City-State-Zip:	JACKSONVILLE FL 32207

*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: SAMUEL DAVIS JR.****PRESIDENT****02/08/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date