

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002929

Entity Name: THE NATIONAL ALUMNI ASSOCIATION OF EDWARD WATERS UNIVERSITY, INC.**FILED**
Aug 24, 2022
Secretary of State
5409282173CC**Current Principal Place of Business:**1658 KINGS RD
EDWARD WATERS COLLEGE
JACKSONVILLE, FL 32209**Current Mailing Address:**PO BOX 40792
JACKSONVILLE, FL 32203 US**FEI Number: 80-0550876****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WARREN, MARGUERITE
1658 KINGS ROAD
JACKSONVILLE, FL 32209 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: MARGUERITE WARREN****08/24/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PARLIMENTARIAN
Name SMITH, LEROY
Address 527 LEMON STREET
City-State-Zip: LAKE WALES FL 33853Title CHAPLAIN
Name DEJOURNETT, CARRIE
Address 1642 WEST 27TH STREET
City-State-Zip: JACKSONVILLE FL 32209Title PRESIDENT
Name BEYAH, MALACHI
Address PO BOX 40792
City-State-Zip: JACKSONVILLE FL 32203Title VICE PRESIDENT
Name BARNES, GEORGE
Address PO BOX 40792
City-State-Zip: JACKSONVILLE FL 32203Title TREASURER
Name HOLMES, LINDA SUE
Address PO BOX 40792
City-State-Zip: JACKSONVILLE FL 32203Title FINANCIAL SECRETARY
Name WARREN, MARGUERITE
Address PO BOX 40792
City-State-Zip: JACKSONVILLE FL 32203Title DISTRICT DIRECTOR
Name VEREEN, LILLIE D
Address PO BOX 40792
City-State-Zip: JACKSONVILLE FL 32203

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 L WARREN**FINANCIAL SECRETARY****08/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date