Current Ma	iling Addrosov			
	iling Address:			
PO BOX 40				
JACKSONV	'ILLE, FL 32203 US			
FEI Number: 80-0550876			Certificate of Status Desired: No	
Name and A	Address of Current Registered Ag	ent:		
WARREN, MAR 1658 KINGS R JACKSONVILL				
The above name	d entity submits this statement for the purpose of c	hanging its registered office or re	egistered agent, or both, in the State of I	Florida.
SIGNATUR	E: MARGUERITE WARREN			04/03/2023
	Electronic Signature of Registered Agen	t		Date
Officer/Dire	ector Detail :			
Title	PARLIMENTARIAN	Title	CHAPLAIN	
Name	SMITH, LEROY	Name	DEJOURNETT, CARRIE	
Address	527 LEMON STREET	Address	1642 WEST 27TH STREET	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900002929

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

Current Principal Place of Business:

1658 KINGS RD EDWARD WATERS COLLEGE JACKSONVILLE, FL 32209

Address **527 LEMON STREET** Address 1642 WEST 27TH STREET City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: LAKE WALES FL 33853 Title VICE PRESIDENT Title PRESIDENT Name BARNES. GEORGE **BEYAH, MALACHI** Name Address PO BOX 40792 Address PO BOX 40792 City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32203 Title FINANCIAL SECRETARY Title TREASURER Name WARREN, MARGUERITE HOLMES, LINDA SUE Name Address PO BOX 40792 Address PO BOX 40792 JACKSONVILLE FL 32203 City-State-Zip: 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 04/03/2023

Electronic Signature of Signing Officer/Director Detail

Date