2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000008821

Entity Name: NATIONAL DIAMONDBACK PHARMACY ALUMNI COUNCIL INC.

Current Principal Place of Business:

2612 GRANADA CIRCLE WEST
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2612 GRANADA CIRCLE WEST
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 56-2480129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WASHINGTON, GWENDOLYN
2612 GRANADA CIRCLE WEST
ST. PETERSBURG, FL 33712 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WASHINGTON, GWENDOLYN	
Address:	2612 GRANADA CIRCLE WEST	
City-St-Zip:	ST. PETERSBURG, FL 33712	
Title:	V	( ) Delete
Name:	BROWN, RITA I	
Address:	5578 PEDRICK PLANTATION	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	D	( ) Delete
Name:	MACK, MONROE	
Address:	3002 W. ST. & CONRAD ST.	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	COLEMAN, LENORA	
Address:	6809 WILLOW CREEK	
City-St-Zip:	BOWIE, MD 20720	
Title:	S	( ) Delete
Name:	WHITE, SHARON	
Address:	11835 CHEMBARK DR. W.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	T	( ) Delete
Name:	JACKSON, ARTHUR	
Address:	2011 26TH ST. SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MACK, MONROE	
Address:	3002 W. ST. CONRAD ST.	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	(X) Change ( ) Addition
Name:	COLEMAN, LENORE	
Address:	6809 WILLOW CREEK	
City-St-Zip:	BOWIE, MD 20720	
Title:	S	(X) Change ( ) Addition
Name:	WHITE, SHARON	
Address:	11835 CHERRYBARK DR. W.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GWENDOLYN WASHINGTON PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date