

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008821

FILED
Apr 28, 2006
Secretary of State

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 ()

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, LENORE
Address: 6809 WILLOW CREEK
City-St-Zip: BOWIE, MD 20720

Title: S () Delete
Name: WHITE, SHARON
Address: 11835 CHERRYBARK 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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

04/28/2006

Electronic Signature of Signing Officer or Director

Date