

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012196

FILED  
May 14, 2009  
Secretary of State

Entity Name: AARON O WILLIAMS VOCATIONAL CENTER INC.

**Current Principal Place of Business:**

5118 NORTH 56TH STREET  
SUITE 113  
TAMPA, FL 33610

**New Principal Place of Business:**

8302 RIVER OAKS CT  
TAMPA, FL 33617

**Current Mailing Address:**

5118 NORTH 56TH STREET  
SUITE 113  
TAMPA, FL 33610

**New Mailing Address:**

PO BOX 291563  
TAMPA, FL 33617

FEI Number: 22-3973654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

WILLIAMS, WANDA PSD  
8302 RIVER OAKS CT  
TAMPA, FL 33617 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: WANDA WILLIAMS

05/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: WILLIAMS, WANDA  
Address: 5118 NORTH 56TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BROWN, CRYSTAL  
Address: 5118 NORTH 56TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: HORNSBY, SYLVIA  
Address: 5118 NORTH 56TH STREET  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: WILLIAMS, WANDA  
Address: PO BOX 291563  
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change ( ) Addition  
Name: BROWN, CRYSTAL  
Address: PO BOX 291563  
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change ( ) Addition  
Name: HORNSBY, SYLVIA  
Address: PO BOX 291563  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify 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: WANDA WILLIAMS

PDS

05/14/2009

Electronic Signature of Signing Officer or Director

Date