

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012196

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** AARON O WILLIAMS VOCATIONAL CENTER INC.

**Current Principal Place of Business:**

8302 RIVER OAKS CT  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291563  
TAMPA, FL 33617

**New Mailing Address:**

PO BOX 16642  
TAMPA, FL 33617

FEI Number: 22-3973654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, WANDA PSD  
8302 RIVER OAKS CT  
TAMPA, FL 33617 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: PSD  
Name: WILLIAMS, WANDA  
Address: PO BOX 16642  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: BROWN, CRYSTAL  
Address: PO BOX 16642  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: HORNSBY, SYLVIA  
Address: PO BOX 16642  
City-St-Zip: TAMPA, FL 33617

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: WANDA WILLIAMS

PSD

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date