

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012196

**FILED**  
**Apr 09, 2012**  
**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:**

15350 AMBERLY DR  
UNIT 4524  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 16642  
TAMPA, FL 33617

**New Mailing Address:**

PO BOX 47523  
TAMPA, FL 33646

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:**

WILLIAMS, WANDA PSD  
15350 AMBERLY DR  
UNIT 4524  
TAMPA, FL 33647 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/09/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WILLIAMS, WANDA  
Address: PO BOX 47523  
City-St-Zip: TAMPA, FL 33646

Title: D  
Name: BROWN, CRYSTAL  
Address: PO BOX 47523  
City-St-Zip: TAMPA, FL 33646

Title: D  
Name: HORNSBY, SYLVIA  
Address: PO BOX 47523  
City-St-Zip: TAMPA, FL 33646

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

04/09/2012

Electronic Signature of Signing Officer or Director

Date