2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2020
Secretary of State
6472968627CC

DOCUMENT# N10000007377

Entity Name: CONCERNED ORGANIZATION FOR QUALITY EDUCATION OF BLACK STUDENTS, INC.

Current Principal Place of Business:

5830 28TH ST. SO.
ST PETERSBURG, FL 33712

Current Mailing Address:

P.O. BOX 35311
ST. PETERSBURG, FL 33705

FEI Number: 20-5484293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, GUY M
403 E MADISON ST
STE 400
TAMPA, FL 33602 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: GUY M BURNS 05/01/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	DAVIS, RICARDO A DR.
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	T
Name	FOSTER, WILLIE
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	LESTER, MARSHALL JR.
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	FELTON, SONYA
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	HICKS, BEVERLY A
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	SMITH, JR, ARNETT DR.
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	HAYNES, WATSON L II
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705

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: RICARDO A DAVIS PRESIDENT 05/01/2020

Electronic Signature of Signing Officer/Director Detail — Date