

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007377

Entity Name: CONCERNED ORGANIZATION FOR QUALITY EDUCATION OF BLACK STUDENTS, INC.**FILED**
Mar 18, 2018
Secretary of State
CC7286512178**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****03/18/2018**

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 DIRECTOR
Name HICKS, BEVERLY A
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 D
Name OLIVER, HENRY JR. DR.
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 LESTER, MARSHALL JR.
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

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

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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 DAVIS**PRESIDENT****03/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMPSON-TAYLOR, ANN
Address	P.O. BOX 35311
City-State-Zip:	ST. PETERSBURG FL 33705