2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007377

Entity Name: CONCERNED ORGANIZATION FOR QUALITY EDUCATION OF

BLACK STUDENTS, INC.

Feb 04, 2021 **Secretary of State** 0718836015CC

FILED

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 02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title DIRECTOR

Name DAVIS, RICARDO A DR. Name HICKS, BEVERLY A P.O. BOX 35311 P.O. BOX 35311 Address Address

ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip:

Title **DIRECTOR** Title Т

Name SMITH, JR, ARNETT DR. Name FOSTER, WILLIE

Address P.O. BOX 35311 P.O. BOX 35311 Address

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33705

Title **DIRECTOR** Title DIRECTOR

Name HAYNES, WATSON LII Name LESTER, MARSHALL JR.

Address P.O. BOX 35311 Address P.O. BOX 35311

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR Name FELTON, SONYA P.O. BOX 35311 Address

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 DAVIS **MGR** 02/04/2021