

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90042 008 ****61.25

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1. Entity Name

STUDENT FELLOWSHIP FOR BLACKS, INC.



Principal Place of Business

P.O. BOX 18107
INDIANAPOLIS IN 46218

Mailing Address

P.O. BOX 18107
INDIANAPOLIS IN 46218

54019763



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0908340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, RITA J
3917 HEALTH CIRCLE SOUTH
WEST PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
HOLIFIELD, CARL
5518 E. 34TH STREET
INDIANAPOLIS IN 46218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORR, RONALD
3427 N. OXFORD ST.
INDIANAPOLIS IN 46218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLIFIELD, HOWARD
3420 N. LAYMAN AVENUE
INDIANAPOLIS IN 46218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BUSH, MARGARET
3613 SPRUCE LN.
FISHER IN 46038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HOSKIN, DANITA
1121 N. TECUMSCH
INDIANAPOLIS IN 46201 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Diannah Neptune
4934 Allisonville Rd. Unit E
Indianapolis, In. 46205 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl W. Holifield, CARL W. HOLIFIELD 3/16/04 (317) 549-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #