2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003864

1. Entity Name

STUDENT FELLOWSHIP FOR BLACKS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 18107 INDIANAAPOLIS IN 46218	P.O. BOX 18107 INDIANAAPOLIS IN 46218

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-0908340 ☐ Applied For ☐ Not Applicable

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HOLIFIELD, CARL		NAME	U00000483235
STREET ADDRESS	5518 E. 34TH STREET		STREET ADDRESS	04/11/06-80111-002 61.25
CITY-ST-ZIP	INDIANAPOLIS IN 46218		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ORR, RONALD		NAME	
STREET ADDRESS	3427 N. OXFORD ST.		STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46218		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HOLIFIELD, HOWARD		NAME	
STREET ADDRESS	3420 N. LAYMAN AVENUE		STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46218		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BUSH, MARGARET		NAME	
STREET ADDRESS	3613 SPRUCE LN.		STREET ADDRESS	
CITY-ST-ZIP	FISHER IN 46038		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	NEPTUNE, DIANNAH		NAME	
STREET ADDRESS	4934 ALLISONVILLE ROAD, UNIT E		STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46205		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Holifield / CARL HOLIFIELD 3/25/06 (317)549-316