

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90008 019 \*\*\*\*61.25

**DOCUMENT # F03000000954**

1. Entity Name  
**NATIONAL AFRICAN AMERICAN TOBACCO  
PREVENTION NETWORK INC.**



Principal Place of Business  
**1025 GREENWOOD BLVD., SUITE 318  
LAKE MARY, FL 32746**

Mailing Address  
**1025 GREENWOOD BLVD., SUITE 318  
LAKE MARY, FL 32746**

**54066132**

2. Principal Place of Business

**735 PRIMERA BLVD**

Suite, Apt. #, etc.

**120**

City & State

**LAKE MARY FL**

Zip

**32746**

Country

**US**

3. Mailing Address

**735 PRIMERA BLVD**

Suite, Apt. #, etc.

**120**

City & State

**LAKE MARY**

Zip

**FL**

Country

**US**

05122004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**56-221875**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHERRI WATSON HYDE  
434 LAKE SHORE DRIVE  
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by September 8, 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 **C** ☐ Delete  
NAME **ROBINSON, WILLIAM S**  
STREET ADDRESS **720-B TEMPLE ROAD**  
CITY-ST-ZIP **LADSON, SC 29456**

TITLE **VCS** ☐ Delete  
NAME **REYNOLDS, DEBBIE**  
STREET ADDRESS **826 E. VAUGHN AVENUE**  
CITY-ST-ZIP **GILBERT, AZ 85234**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **EXECUTIVE DIRECTOR**  
STREET ADDRESS **SHERRI WATSON HYDE**  
CITY-ST-ZIP **434 LAKE SHORE DRIVE  
LAKE MARY, FL 32746**

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

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

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

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:**

*Sherri Watson Hyde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-27-04 407-708-1811**  
Date Daytime Phone #