


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000954 1. Entity Name NATIONAL AFRICAN AMERICAN TOBACCO PREVENTION NETWORK INC.	
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Principal Place of Business 735 PRIMERA BLVD 120 LAKE MARY, FL 32746	Mailing Address 735 PRIMERA BLVD 120 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



04172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2211875	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

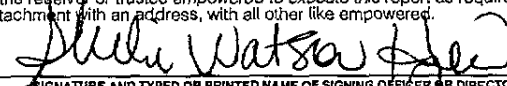
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ROBINSON, WILLIAM S 720-B TEMPLE ROAD LADSON, SC 29456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS REYNOLDS, DEBBIE 826 E. VAUGHN AVENUE GILBERT, AZ 85234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED HYOE, SHERRI W 434 LAKE SHORE DRIVE LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80084-003 70.00

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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:  **4-17-05** **7407-708-1811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #