

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001669

FILED
Jan 27, 2008
Secretary of State

Entity Name: WOMEN OF COLOR CULTURAL FOUNDATION, INC.

Current Principal Place of Business:

8008 WHISPER LAKE LANE EAST
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43632
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3621843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, HELEN D
8008 WHISPER LAKE LANE EAST
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, HELEN D
Address: 8008 WHISPER LAKE LANE EAST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: MINNIFIELD, GERALD
Address: 5227 SIDE SADDLE DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: WILCOX JOHNSON, DEANDROUS
Address: 2579 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHAW, DONNA MS
Address: 5 SAWGRASS VILLAGE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: HINES, JERRY MR
Address: 9105 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MARSHALL, VAN DYKE MR
Address: 24061 FLORA PARKE BLVD
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MINNIFIELD, GERALD
Address: 2819 HARVEST MOON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: T (X) Change () Addition
Name: WILCOX, DEANDROUS
Address: 2579 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEN D. JACKSON

P

01/27/2008

Electronic Signature of Signing Officer or Director

Date