


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006440	
1. Entity Name FRED G. MINNIS, SR. BAR ASSOCIATIONS, INC.	

Principal Place of Business C/O CHERYL SMITH-KHAN 14250 49TH STREET NORTH CLEARWATER, FL 33762	Mailing Address C/O CHERYL SMITH-KHAN P.O. BOX 1157 SAINT PETERSBURG, FL 33731
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01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684311	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 SMITH-KHAN, CHERYL 14250 49TH STREET NORTH CLEARWATER, FL 33762
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D GAYLE-KELLY, JACQUELINE 266 21ST AVE SE SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, JEANNINE S ONE 4TH STREET NORTH SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMMONDS, CAROLYN P.O. BOX 1157 ST. PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHAMPAGNE, LAGUERRA P.O. BOX 1157 SAINT PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn Deyers-Simmonds* 1/16/06 (727) 227-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #