


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006440 1. Entity Name FRED G. MINNIS, SR. BAR ASSOCIATIONS, INC.	
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Principal Place of Business C/O DARRYL ROUSON 3110 1ST AVENUE N., STE. 5W ST. PETERSBURG, FL 33713	Mailing Address C/O DARRYL ROUSON P.O. BOX 1157 SAINT PETERSBURG, FL 33731
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04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROUSON, DARRYL
3110 1ST AVENUE N., STE 5W
ST. PETERSBURG, FL 33712**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROUSON, DARRYL P.O. BOX 1157 SAINT PETERSBURG, FL 33731
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 DUDLEY, TAMARA P.O. BOX 1157 ST. PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JEAN-PIERRE, THERESA 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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IN THIS SPACE**

U000000917338
05/13/08-80037-014 \$1.25

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: Tamara F. Dudley **4/14/08** **813-554-3282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #