2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006440

Entity Name: FRED G. MINNIS, SR. BAR ASSOCIATIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O DARRYL ROUSON
C/O YA'SHEAKA S. CAMPBELL
3110 1ST AVENUE N., STE. 5W
4320 W. KENNEDY BLVD.

ST. PETERSBURG, FL 33713 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

C/O DARRYL ROUSON

P.O. BOX 1157

SAINT PETERSBURG, FL 33731

C/O YA'SHEAKA CAMPBELL

P.O. BOX 1157

SAINT PETERSBURG, FL 33731

SAINT PETERSBURG, FL 33731

FEI Number: 59-3684311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROUSON, DARRYL
3110 1ST AVENUE N., STE 5W
ST. PETERSBURG, FL 33712 US
CAMPBELL, YA'SHEAKA
4320 W. KENNEDY BLVD.
TAMPA, FL 33609 US

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: YA'SHEAKA S. CAMPBELL 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DP (X) Change () Addition

 Name:
 ROUSON, DARRYL
 Name:
 CAMPBELL, YASHEAKA S

 Address:
 P.O. BOX 1157
 Address:
 P.O. BOX 1157

City-St-Zip: SAINT PETERSBURG, FL 33731 City-St-Zip: SAINT PETERSBURG, FL 33731

Title: () Delete Title: (X) Change () Addition WILLIAMS, JEANNINE S Name: PARKER, PATRICE Name: Address: ONE 4TH STREET NORTH Address: P.O. BOX 1157 City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33731

Title: DT () Delete Title: DT (X) Change () Addition

Name: DUDLEY, TAMARA Name: COX, THERESA
Address: P.O. BOX 1157 Address: P.O. BOX 1157

 Address:
 P.O. BOX 1157
 Address:
 P.O. BOX 1157

 City-St-Zip:
 ST. PETERSBURG, FL 33731
 City-St-Zip:
 ST. PETERSBURG, FL 33731

Title: DS (X) Delete Title: () Change () Addition

 Name:
 JEAN-PIERRE, THERESA
 Name:

 Address:
 P.O. BOX 1157
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33731
 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: YASHEAKA S. CAMPBELL PRES 04/30/2009