


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90001 026 \*\*\*\*75.00

**DOCUMENT # N01000005259**

1. Entity Name  
**AFRICAN - AMERICAN GIRLS ACTIVELY PURSUING EXCELLENCE, INC.**



Principal Place of Business      Mailing Address  
**18 NORTH COLLEGE ST.      18 NORTH COLLEGE ST.**  
**EATONVILLE FL 34781      EATONVILLE FL 34781**

2. Principal Place of Business *18 College St*      3. Mailing Address *18 College St*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State *Eatonville FL*      City & State *Eatonville, FL-32751*  
 Zip *32751*      Zip *32751*      Country *USA*      Country *USA*

1st MOORE      CR2E037 (10/05)

4. FEI Number **95-4893839**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALLEN, RITA**  
**18 NORTH COLLEGE ST.**  
**EATONVILLE FL 34761**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_      FL      Zip Code \_\_\_\_\_

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: *Rita Allen*      DATE: *3/31/06*

SIGNATURE OF REGISTERED AGENT OR OTHER PERSON AUTHORIZED TO SIGN FOR THE CORPORATION      (NOTE: Registered Agent signature required when appropriate)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, RITA 18 NORTH COLLEGE ST. EATONVILLE FL 34781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOSES, RUTHENIA B 3 JOHNSON ST. EATONVILLE FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PARSON, BEVERLY 918 OBSERVATORY CT. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Trudi Allen 2639 Clearlake Cir. Orlando, FL 32816	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rita Allen*      DATE: *3/8/06*      DUTY PHONE: *407-628-3942*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Duty Phone #