

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N01000005259**

1. Entity Name

**AFRICAN - AMERICAN GIRLS ACTIVELY PURSUING EXCELLENCE, INC.**

Principal Place of Business

Mailing Address

18 COLLEGE ST.  
EATONVILLE FL 32751

18 COLLEGE ST.  
EATONVILLE FL 32751

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-4893839**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, RITA**  
**18 NORTH COLLEGE ST.**  
**EATONVILLE FL 34761**

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*

**3/1/07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  Delete  
NAME: ALLEN, RITA  
STREET ADDRESS: 18 NORTH COLLEGE ST.  
CITY-STATE-ZIP: EATONVILLE FL 34761

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: U00000656394  
CITY-STATE-ZIP: 03/14/07-80023-020 61.25

TITLE: VD  Delete  
NAME: ALLEN, TRUDI  
STREET ADDRESS: 2639 CLEAR LAKE CIR  
CITY-STATE-ZIP: ORLANDO FL 32816

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-STATE-ZIP:  Change  Addition

TITLE: STD  Delete  
NAME: PARSON, BEVERLY  
STREET ADDRESS: 918 OBSERVATORY CT.  
CITY-STATE-ZIP: ORLANDO FL 32818

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-STATE-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
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CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-STATE-ZIP:  Change  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*

**3/1/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR