2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005847

Entity Name: THE JUANITA MINCEY FOUNDATION, INC.

FILED Apr 14, 2005 Secretary of State

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

2527 OPA LOCKA BLVD. P.O. BOX 8827

OPA LOCKA, FL 33054 MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

PO BOX 541577 PO BOX 8827

OPA LOCKA, FL 33054 MIRAMAR, FL 33027

FEI Number: 03-0386110 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:

WASHINGTON, LYNN C JUANITA, MINCEY 701 BRICKELL AVE., STE. 3000 12868 SW 21 STREET MIRAMAR, FL 33027 US MIAMI, FL 33131

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.

City-St-Zip:

SIGNATURE: JUANITA MINCEY 04/14/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MINCEY-MILLS, DENISE MINCEY-MILLS, DENISE Name: Name: 8740 SE 12 STREET Address: P.O. BOX 8827 Address: City-St-Zip: PEMBROKE PINES, FL MIRAMAR, FL 33027

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

MINCEY, JUANITA Name: MINCEY, JUANITA Name: Address: 2527 OPA LOCKA BLVD Address: P.O. BOX 8827 City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: MIRAMAR, FL 33027

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

MINCEY, CARNELL MINCEY, CARNELL Name: Name: 2101 NW 153RD STREET Address: Address: P.O. BOX 8827 City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: MIRAMAR, FL 33027

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

WASHINGTON, LYNN C Name: Name: SCOTT, ELIZABETH 701 BRICKELL AVE #3000 Address: Address: P.O. BOX 8827 City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUANITA MINCEY **VPD** 04/14/2005