2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000000110

Entity Name: THE KENYATTA WALKER FOUNDATION, INC.

Current Principal Place of Business:

1047 NORMANDY TRACE ROAD
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207

New Mailing Address:

1047 NORMANDY TRACE ROAD
TAMPA, FL 33602

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALKER, KENYATTA
Address: 1047 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: BRANTLEY, CAROLYN
Address: 1047 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SIMS, JAMES M
Address: 1047 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SIMS, GEORGIA
Address: 1047 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: HOOD, RICHARD
Address: 1047 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENYATTA WALKER D 04/28/2005
Electronic Signature of Signing Officer or Director — Date