

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007047

FILED
Aug 30, 2006
Secretary of State

Entity Name: THE PARADE OF STATES AFRICAN AMERICAN STYLE CORPORATION

Current Principal Place of Business:

2100 FOREST HILLS RD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2100 FOREST HILLS RD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-6500439 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PETERSON, MAUDENA GLORIA
2100 FOREST HILLS RD
JACKSONVILLE, FL 32208 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERSON, ELRESE
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: PETERSON, MAUDENA GLORIA
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: PETERSON, WAYNE A
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: PETERSON, TREVOR A
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: ISRAEL, DOROTHY H
Address: 850 A1A BEACH BLVD., #82
City-St-Zip: ST AUGUSTINE, FL

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 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: MAUDENA G. PETERSON

D

08/30/2006

Electronic Signature of Signing Officer or Director

Date