2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N03000002167

Entity Name: DERRICK BROOKS CHARITIES, INC.

Current Principal Place of Business:

2915 W FERN ST
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2915 W FERN ST
TAMPA, FL 33614

New Mailing Address:

FEI Number: 45-0496688 **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:

BROOKS, DERRICK
12815 PACIFICA PLACE
TAMPA, FL 33625 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:	BROOKS, DERRICK	
Address:	12815 PACIFICA PLACE	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	BROOKS, CAROL	
Address:	12815 PACIFICA PLACE	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	STEVENSON, ROBERT	
Address:	11736 N DALE MABRY HWY	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	WHITE, TRACY MR.	
Address:	6142 ST JOE CENTER RD.	
City-St-Zip:	FORT WAYNE, IN 46835	
Title:	D	( ) Delete
Name:	MINTER, CHARLES MR.	
Address:	P.O. BOX 1733	
City-St-Zip:	TALLAHASSEE, FL 32302	

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: DERRICK BROOKS P 05/03/2006

Electronic Signature of Signing Officer or Director — Date