

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2004  
Secretary of State**

DOCUMENT# N03000002218

**Entity Name:** MINORITY ALLIANCE FOR ADVOCATING COMMUNITY AWARENESS AND ACTION, INC.

**Current Principal Place of Business:**

231 E VIRGINIA ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

231 E VIRGINIA ST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3590474      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, DENISE  
2802 HARWOOD ST  
TALLAHASSEE, FL 32301      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: P      ( ) Delete  
Name: WILLIAMS, PATRICIA D  
Address: 2802 HARWOOD ST  
City-St-Zip: TALLAHASSEE, FL 32304

Title: V      ( ) Delete  
Name: JENKINS, CHERI  
Address: 2373 HUTCHINSON FERRY RD  
City-St-Zip: QUINCY, FL 32352

Title: S      ( ) Delete  
Name: HUBBARD, SYLVIA  
Address: 311 GAILE AVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: T      ( ) Delete  
Name: EDWARDS, RICHARD  
Address: 1427-C CHARLOTTE ST  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: SYLVIA HUBBARD

ED

02/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date