

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002218

FILED
Feb 28, 2007
Secretary of State

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

Current Principal Place of Business:

1720 SOUTH GADSDEN STREET
#8
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

311 GAILE AVE
TALLAHASSEE, FL 32305

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

Title: P () Delete
Name: MERRICK, WILLIAM REV
Address: 3466 ZILLAH ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: WILLIAMS, DENISE
Address: 2802 HARWOOD
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: HENDERSON, BRIAN
Address: 2802 HARWOOD STREET
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 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: SYLVIA HUBBARD

ED

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date