

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 12, 2008  
Secretary of State

DOCUMENT# N03000002218

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:**

1720 SOUTH GADSDEN STREET  
223  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

311 GAILE AVE  
TALLAHASSEE, FL 32305

**New Mailing Address:**

1720 SOUTH GADSDEN STREET  
223  
TALLAHASSEE, FL 32301

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: P (X) Change ( ) Addition  
Name: WILLIAMS, MARVA  
Address: 1720 S. GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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 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

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date