

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
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
223
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1720 SOUTH GADSDEN STREET
223
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: ED () Delete
Name: HUBBARD, SYLVIA
Address: 311 GAILE AVE
City-St-Zip: TALLAHASSEE, FL 32305

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

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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date