

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2011  
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  
Name: HUBBARD, SYLVIA  
Address: 311 GAILE AVE  
City-St-Zip: TALLAHASSEE, FL 32305

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

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

Title: T  
Name: HENDERSON, BRIAN  
Address: 2802 HARWOOD STREET  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA HUBBARD

ED

01/06/2011

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

\_\_\_\_\_ Date