2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 06
Sec

DOCUMENT # N03000005379

1. Entity Name
ALLIANCE OF SUPPLIER DIVERSITY PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
860 MANCHESTER AVE. OVIEDO, FL 32765-8174	PO BOX 760235 ORLANDO, FL 32878

02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0065647
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUSH, MICHAEL A MR
STREET ADDRESS	14724 BALTUSTROL DR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	V
NAME	MELVIN, DEBBIE MS.
STREET ADDRESS	3750 PRESCOTT ST.
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	T
NAME	GRANT, PHYLLIS MS.
STREET ADDRESS	860 MANCHESTER AVE.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000422486
02/17/06-80018-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis A Grant Phyllis A. Grant, Treasurer 2/1/06 407-306-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VD
NAME	GALLO, FRANK
STREET ADDRESS	7118 BONITA DR SUITE 305
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: X [signature] 01-31-06 786-3952710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #