

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005379

FILED
May 01, 2008
Secretary of State

Entity Name: ALLIANCE OF SUPPLIER DIVERSITY PROFESSIONALS, INC.

Current Principal Place of Business:

860 MANCHESTER AVE.
OVIEDO, FL 327658174

New Principal Place of Business:

Current Mailing Address:

PO BOX 780235
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 20-0065647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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: P () Delete
Name: BUSH, MICHAEL A MR
Address: 14724 BALTUSTROL DR
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: MELVIN, DEBBIE MS.
Address: 3750 PRESCOTT ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: GRANT, PHYLLIS MS.
Address: 860 MANCHESTER AVE.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MELVIN, DEBBIE MS
Address: 3750 PRESCOTT ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: V (X) Change () Addition
Name: GRANT, PHYLLIS A MS.
Address: 860 MANCHESTER AVE.
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: GRANT, PHYLLIS A MS.
Address: 860 MANCHESTER AVE.
City-St-Zip: OVIEDO, FL 32765

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: PHYLLIS A. GRANT

T

05/01/2008

Electronic Signature of Signing Officer or Director

Date