# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# N03000005379

**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)**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: VP ( ) Delete
Name: MELVIN, DEBBIE MS
Address: 3750 PRESCOTT ST.
City-St-Zip: TITUSVILLE, FL 32796

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition
Name: SATORO, GREG MR.
Address: 2018 YACHT HARBOR LANE
City-St-Zip: LEAGUE CITY, TX 77573

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: RAHEB, SUSANNAH MS.
Address: 1300 EBBTIDE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

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 ANN GRANT, TREASURER ASDP T 03/20/2009

Electronic Signature of Signing Officer or Director — Date