

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005712

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALLIANCE FOR ACTION COUNCIL OF FLORIDA, INC

Current Principal Place of Business:

7272 W. OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

7272 W. OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 20-0072590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOJO, DEBRA
5502 NW 24 ST
FORT LAUDERDALE, FL 33313 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: DV () Delete
Name: MYLES, WILLIE C
Address: 7498 NW 47TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: CBD () Delete
Name: JONES, ERIC
Address: 4900 W. HALLANDALE BEACH BLVD.
City-St-Zip: HOLLYWOOD, FL 33023

Title: DV () Delete
Name: SCOTT, PHYLLIS
Address: 11300 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: FOSTER, GEORGIA
Address: 270 W. OAKLAND PARK BLVD. STE. 22 & 23
City-St-Zip: OAKLAND PARK, FL 33311

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: DEBRA KOJO

MS.

04/14/2008

Electronic Signature of Signing Officer or Director

Date