

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006948

FILED
Jul 13, 2006
Secretary of State

Entity Name: SOJOURNER TRUTH HIGH SCHOOL OF HUMANITIES & TECHNOLOGY, INC.

Current Principal Place of Business:

4951-C RICHARD ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

9319 RIDGE BOULEVARD
JACKSONVILLE, FL 32208

Current Mailing Address:

4951-C RICHARD ST
JACKSONVILLE, FL 32207

New Mailing Address:

PO BOX 440087
JACKSONVILLE, FL 32222

FEI Number: 20-0599125 **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:

WHITE, IVORY L JR
8086 KESWICK CT
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

HARRIS, LESLIE R
9601 HAZEL LAKE DR
JACKSONVILLE, FL 32222 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: LESLIE R. HARRIS

07/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: AIKEN, THOMAS
Address: 169 DIXIE LAKE RD
City-St-Zip: FOLKSTON, GA 31537 US

Title: MRS () Delete
Name: WILSON, DOROTHY M
Address: 9337 SIBBALD RD
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MRS () Delete
Name: GADSON, BRENDA
Address: 8119 CREEDMOOR DR
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MRS () Delete
Name: DENSON, ANDREA
Address: 1511 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MR () Delete
Name: WHITE JR., P.E., IVORY L
Address: 8086 KESWICK CT
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MRS (X) Delete
Name: MATTOX, PHYLLIS L
Address: 12016 SHOOTING STAR CT
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: LESLIE, HARRIS R
Address: 9601 HAZEL LAKE DR
City-St-Zip: JACKSONVILLE, FL 32222 US

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

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

Title: MS (X) Change () Addition
Name: VEREEN, LILLIE M
Address: PO BOX 28628
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: MRS (X) Change () Addition
Name: DENSON, ANDREA
Address: 10860 CAMPUS HEIGHTS LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE R. HARRIS

MS

07/13/2006

Electronic Signature of Signing Officer or Director

Date