

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 18, 2006
Secretary of State

DOCUMENT# N03000006948

Entity Name: SOJOURNER TRUTH HIGH SCHOOL OF HUMANITIES & TECHNOLOGY, INC.**Current Principal Place of Business:**9319 RIDGE BOULEVARD
JACKSONVILLE, FL 32208**New Principal Place of Business:**4951-C RICHARD ST
JACKSONVILLE, FL 32207**Current Mailing Address:**PO BOX 440087
JACKSONVILLE, FL 32222**New Mailing Address:****FEI Number:** 20-0599125**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARRIS, LESLIE R
9601 HAZEL LAKE DR
JACKSONVILLE, FL 32222 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: MS () Delete
Name: LESLIE, HARRIS R
Address: 9601 HAZEL LAKE DR
City-St-Zip: JACKSONVILLE, FL 32222 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: MS (X) Delete
Name: VEREEN, LILLIE M
Address: PO BOX 28628
City-St-Zip: JACKSONVILLE, FL 32226 US

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

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:

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

07/18/2006

Electronic Signature of Signing Officer or Director_____
Date