2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000008468

1. Entity Name

Zio

SIGNATURE:

FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED :

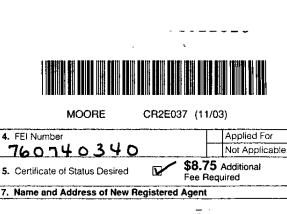
Country

		CONT
Principal Place of Business	Mailing Address	
1700 SUMMIT LAKE DR TALLAHASSEE FL 32317	1700 SUMMIT LAKE DR TALLAHASSEE FL 32317	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Feb 25, 2004 8:00 am Secretary of State

02-25-2004 90030 041 ****70.00



321-229-2670

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOHNSON, JULIA L
614 GRAND HWY
CLERMONT FL 34712

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TITLE TITLE Addition ☐ Delete ☐ Change JOHNSON, JULIA L NAME NAME Bowen, Donald 614 GRAND HWY 11 NW 36+h Avenue STREET ADDRESS STREET ADDRESS CLERMONT FL 34712 CITY-ST-ZIP CITY-ST-ZIP Ft. Landerdule, FL ☐ Delete TITI F ☐ Change Addition MATHIS, JACINTA NAME Carroll, Jennifer 245 VENETIAN DR APT 4 3520-1 Blanding Blud. STREET ADDRESS STREET ADDRESS DELRAY BCH FL 33483 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL Delete TITLE ☐ Change ✓ Addition DeJean, Marvin 1703 N. Andrew Square NAME ---NAME 611 IRONWOOD DR STREET ADDRESS STREET ADDRESS FT WALTON BCH FL 32547-2910 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 3331 TITLE Delete TITLE ☐ Change Addition Halman, Juseph NAME NAME 455 N. Broadway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bartow, FL 338 TITLE ☐ Delete TITLE ☐ Change Addition Long, Kim NAME NAME 6 205 wil Shire Pines Circle # 203 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Nagles, FL 34109 Addition ☐ Delete TITLE ☐ Change NAME NAME Nelson, Randy 251 East Harrison Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tallahassee FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is right and accurate and that my 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 in Block 10 or Block 11 if

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200)4 NOT-FOR-PRO ANNUAL	FIT CORPOR		ment	
1. Entity Name	MENT # N03000008 AFRICAN AMERICAN EDU	468		54011310	
Principal Place 1700 SUMMI TALLAHASSEI	r lake dr	Mailing Address 1700 SUMMIT LAKE DR TALLAHASSEE, FL 3231	7		
2. Principal Pl	ace of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			02162004 Chg-NP CR2E037 (10/03)		
City & State) ,	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
JOHNSON, JULIA L 614 GRAND HWY CLERMONT, FL 34712		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept	
7 - 5£7	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Make check payable to Florida Department of State	
TITLE	D	☐ Delete	TITLE 1	Change — QAddition	
NAME ; STREET ADDRESS CITY-ST-ZIP	JOHNSON, JULIA L 614 GRAND HWY		NAME STREET ADDRESS CHTY-ST-ZIP	Parker, Ava 101 E. Union Street, Suite 2d Jacksonville, FL. 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, JACINTA 245 VENETIAN DR APT 4 DELRAY BCH, FL 33483	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Maddition Ziegler, Dayana 2513 Garnet Lane Tallahassee FL 32309	
TITLE NAME STREET ADDRESS	D THORTON, BILL 611 IRONWOOD DR	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	
TITLE NAME STREET ADDRESS	FT WALTON BCH, FL 32547291	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	·	☐ Delete	CHY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	en e	☐ Delete	CITY-ST-ZIP TITLE , NAME . STREET ADDRESS	☐ Change ☐ Addition	
12. I hereby indicated of the corchanged.	URE:	this filing does not qualify for to true and accurate and that my owered to execute this report a with all other like empowered.		ted in Section:119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	