

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008468

FILED
Jan 03, 2007
Secretary of State

Entity Name: FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED

Current Principal Place of Business:

1650 SUMMIT LAKE DRIVE
SUITE 101-A
TALLAHASSEE, FL 32317

New Principal Place of Business:

PO BOX 14737
TALLAHASSEE, FL 32317

Current Mailing Address:

1650 SUMMIT LAKE DRIVE
SUITE 101-A
TALLAHASSEE, FL 32317

New Mailing Address:

PO BOX 14737
TALLAHASSEE, FL 32317

FEI Number: 76-0740340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADERS, STACEY
1650 SUMMIT LAKE DRIVE
SUITE 101-A
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

MEADERS, STACEY
5169 LATROBE DRIVE
WINDEMERE, FL 34786 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:

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JULIA L
Address: 614 GRAND HWY
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: MATHIS, JACINTA
Address: 245 VENETIAN DR APT 4
City-St-Zip: DELRAY BCH, FL 33483

Title: D () Delete
Name: THORTON, BILL
Address: 611 IRONWOOD DR
City-St-Zip: FT WALTON BCH, FL 325472910

Title: D () Delete
Name: BOWEN, DONALD
Address: 11 NW 36TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: CARROLL, JENNIFER
Address: 3520-1 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: DEJEAN, MARVIN
Address: 1703 N. ANDREW SQUARE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, JULIA L
Address: 630 S GRAND HWY
City-St-Zip: CLERMONT, FL 34712

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: STACEY MEADERS

MS.

01/03/2007

Electronic Signature of Signing Officer or Director

Date