

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008468

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED

**Current Principal Place of Business:**

PO BOX 14737  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

630 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 14737  
TALLAHASSEE, FL 32317

**New Mailing Address:**

PO BOX 120871  
CLERMONT, FL 34712

**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  
5169 LATROBE DRIVE  
WINDEMERE, FL 34786 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: D ( ) Delete  
Name: JOHNSON, JULIA L  
Address: 630 S 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: ( ) 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:

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: JULIA L. JOHNSON

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date