

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008468

FILED
Apr 05, 2012
Secretary of State

Entity Name: FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED

Current Principal Place of Business:

6996 PIAZZA GRANDE AVE
SUITE 207
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

PO BOX 120871
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 76-0740340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: JOHNSON, JULIA L
Address: 6996 PIAZZA GRANDE AVE
City-St-Zip: ORLANDO, FL 32835

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIA JOHNSON

D

04/05/2012

Electronic Signature of Signing Officer or Director

Date