2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2007 Secretary of State

DOCUMENT# N03000011117 Secretary of State Entity Name: THE MOST WORSHIPFUL PRINCE HALL SCHOLARSHIP AND ECONOMIC DEVELOPMENT FOUNDATION **Current Principal Place of Business: New Principal Place of Business:** 1199 SOUTH BRUTON BLVD ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 569 STRATHCLYDE COURT APOPKA, FL 32712 FEI Number: 16-1689779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ALEXANDER H 569 STRATHCLYDE COURT APOPKA, FL 32712 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete CAMPBELL, WALTER L Name: Name: 122 CLARIE AVE. Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIS, DAISY Name: Name: Address: 223 WEST 10TH STREET Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: TREA () Delete Title: () Change () Addition JACKSON, LUTHER Name: Name: Address: 231 N.W. 6TH PLACE Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: JOHNSON, KAY Name: 1319 LOWRIE AVE. Address: Address: City-St-Zip: ORLANDO, FL 32805 44 City-St-Zip: Title: MEM () Delete Title: () Change () Addition DEAN, BILLIE L Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ALEXANDER H. SMITH ED 05/11/2007

1140 LEXINGTON PKWY

() Delete

APOPKA, FL 32704

SMITH, ALEXANDER H

APOPKA, FL 32712

569 STRATHCLYDE COURT

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition