2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State 01-27-2005 90043 003 ****61.25

DOCUMENT # N0400002852 1. Entity Name AFRIKAN AMERICAN ACHIEVERS CLASS OF 1974, INC.					1	01-27-2005 90043 003 ****61.25			
Principal Plac P 0 BOX 143 ST PETERSBI		Mailing Address P 0 BOX 14326 ST PETERSBURG			4000	7300			
				•		ALCII SALII BAIR ABIR ATRI		1 1 1	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		4127 5th Avenue Se Suite, Apt. #, etc.		<u>e South</u>					
Suite, Apt. #, etc.		c/o Sharon A. Mitchel		chell	01222005 C	01222005 Chg-NP CR2E037 (10/03)			
City & State		City & State			4. FEI Number Applied For				
Zip	Country	St. Peter		<u>lorida</u> untry	61-14	467537	No. 1 No.	Applicable	
	- Codiniy	33711-	US		5. Certificate of St	atus Desired	Fee Required		
	6. Name and Address of Current F	Registered Agent		None	7. Name and Add	ress of New Regist	ered Agent		
MITCHELL, SHARON A				Name					
4127 5 AVÉ SOUTH ST PETERSBURG, FL 33711				Street Addres	t Address (P.O. Box Number is Not Acceptable)				
SIPEIER	35UKG, FL 33/11				1	N_			
				City	<u> </u>	 17 	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									
	ions of registered agent.	/	10	/\	A	•		,	
TOTAL STOP	Sharon A. Mitchell. (Signature, Nipsed or printed name of registered agent as	nd title if applicable 347 S.	4 E (NOTE: Registers	d Agent signature requ	ired when reinstating) 41	Carlos Carlos	1/25/2	005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Fi Trust Fund Contribution		inancing	\$5.00 May Be Added to Fees	\$5.00 May Be Make check payable to			
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AF	ND DIRECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MICHAEL 2310 LAMPARILLA WAY SO ST PETERSBURG, FL 33712	□ Dela	NAM STRE	l ne	mber		· K Change	Addition	
TITLE	VD	☐ Dele	te TITLE	E			☐ Change	Addition	
NAME STREET ADDRESS	HARVEY, BARBARA S 4694 23 AVE SOUTH		NAM	-					
CITY-ST-ZIP	ST PETERSBURG, FL 33711								
TITLE	011 E1E1000110,1E 00111			ET ADDRESS -ST-ZIP			•		
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	TD MITCHELL, SHARON A	☐ Dele	CITY te TITLE NAM	-ST-ZIP E		7	☐ Change	Addition	
	TD	☐ Dele	CITY te TITLE NAM	-ST-ZIP		· · · · · · · ·	☐ Change	Addition	
STREET ADDRESS -	TD MITCHELL, SHARON A -4127-5 AVE SO	☐ Dele	CITY te TITLE NAM	- ST-ZIP E EET ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

1-24-2005 (813) 627-541