

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 009 \*\*\*\*70.00

**DOCUMENT # N04000002852**

**1. Entity Name**  
**AFRIKAN AMERICAN ACHIEVERS CLASS OF 1974, INC.**



**Principal Place of Business**  
**P O BOX 14326**  
**ST PETERSBURG, FL 33733**

**Mailing Address**  
**4127 5TH AVNUE SOUTH**  
**C/O SHARON MITCHELL**  
**SAINT PETERSBURG, FL 33711**

**DO NOT WRITE IN THIS SPACE**



05172006 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> <b>61-1467537</b>	<b>Applied For</b> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MITCHELL, SHARON A**  
**4127 5 AVE SOUTH**  
**ST PETERSBURG, FL 33711**

**DO NOT WRITE  
IN THIS SPACE**

**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 the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>ANDERSON, MICHAEL</b> <b>2310 LAMPARILLA WAY SO</b> <b>ST PETERSBURG, FL 33712</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>HARVEY, BARBARA S</b> <b>4694 23 AVE SOUTH</b> <b>ST PETERSBURG, FL 33711</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>MITCHELL, SHARON A</b> <b>4127 5 AVE SO</b> <b>ST PETERSBURG, FL 33711</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>JOHNSON, JEAN T</b> <b>6872 20 STREET SO</b> <b>ST PETERSBURG, FL 33712</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>POOLE, TANNIE</b> <b>2366 8 AVE SO</b> <b>ST PETERSBURG, FL 33712</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>KEYS, JAMES</b> <b>652-52ND AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33705</b>

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAY 17 2006**