


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90001 037 \*\*\*\*70.00

<b>DOCUMENT # N04000002852</b> 1. Entity Name AFRIKAN AMERICAN ACHIEVERS CLASS OF 1974, INC.	
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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
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05212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1467537	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MITCHELL, SHARON A 4127 5 AVE SOUTH ST PETERSBURG, FL 33711
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MICHAEL 2310 LAMPARILLA WAY SO ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARVEY, BARBARA S 4694 23 AVE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, SHARON A 4127 5 AVE SO ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JEAN T 6872 20 STREET SO ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POOLE, TANNIE 2366 8 AVE SO ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEYS, JAMES 652-52ND AVENUE SOUTH SAINT PETERSBURG, FL 33705

**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**  **Sharon A. Mitchell** 6-5-08 727 327-2630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #