

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002852

FILED
Apr 15, 2009
Secretary of State

Entity Name: AFRIKAN AMERICAN ACHIEVERS CLASS OF 1974, INC.

Current Principal Place of Business:

P O BOX 14326
ST PETERSBURG, FL 33733

New Principal Place of Business:

4127 - 5TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Current Mailing Address:

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

New Mailing Address:

FEI Number: 61-1467537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHELL, SHARON A
4127 5 AVE SOUTH
ST PETERSBURG, FL 33711 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: PD () Delete
Name: ANDERSON, MICHAEL
Address: 2310 LAMPARILLA WAY SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: VD () Delete
Name: HARVEY, BARBARA S
Address: 4694 23 AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: TD () Delete
Name: MITCHELL, SHARON A
Address: 4127 5 AVE SO
City-St-Zip: ST PETERSBURG, FL 33711

Title: SD () Delete
Name: JOHNSON, JEAN T
Address: 6872 20 STREET SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: P () Delete
Name: POOLE, TANNIE
Address: 2366 8 AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: P () Delete
Name: KEYS, JAMES
Address: 652-52ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, MICHAEL
Address: 2310 LAMPARILLA WAY SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP (X) Change () Addition
Name: HARVEY, BARBARA S
Address: 4694 -23RD AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KEYS, JAMES
Address: 652-52ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

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.

SIGNATURE: SHARON A. MITCHELL

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date