


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003716 1. Entity Name THE AFRICAN AMERICAN CLASS OF 1976, INC.	
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Principal Place of Business 940 ALCAZAR WAY SOUTH ST. PETERSBURG, FL 33705	Mailing Address 940 ALCAZAR WAY SOUTH ST. PETERSBURG, FL 33705
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1008853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MC ELROY, GILDA F
940 ALCAZAR WAY SOUTH
ST. PETERSBURG, FL 33705**

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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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MC ELROY, GILDA F 940 ALCAZAR WAY SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MC ELROY, GILDA F 940 ALCAZAR WY SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, EMMA 5788 GROVE STREET S. ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONDY, VERDELL 4922 14TH AVENUE S GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80031-024 61.25

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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:  **2/4/07 727-458-2472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #