


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003716
 1. Entity Name
 THE AFRICAN AMERICAN CLASS OF 1976, INC.



Principal Place of Business Mailing Address
 940 ALCAZAR WAY SOUTH 940 ALCAZAR WAY SOUTH
 ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1008853	Applied For 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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

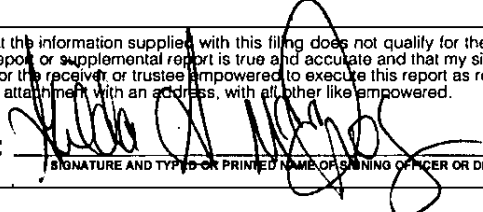
U000009337721
 05/27/08-80061-017 61:25

10. OFFICERS AND DIRECTORS

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

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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:  DATE: 4/28/08 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR