

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# N0400000535

Entity Name: GREATER ORLANDO ALLIANCE OF BLACK SCHOOL EDUCATORS, INC.

Current Principal Place of Business:

7611 SOUTH ORANGE BLOSSUM TRAIL
#299
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

7611 SOUTH ORANGE BLOSSUM TRAIL
#299
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 83-0398511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, E. JEROME
2220 W. 29TH ST.
ORLANDO, FL 32805 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: P () Delete
Name: BROOKS, VICKI
Address: 445 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: VP () Delete
Name: HANIFF, RUTH
Address: 1500 AARON AVENUE
City-St-Zip: ORLANDO, FL 32811 US

Title: SEC () Delete
Name: THOMAS, CORA
Address: 11 S. HIAWASEE RD
City-St-Zip: ORLANDO, FL 32835 US

Title: TRE () Delete
Name: THOMPSON, JEROME E
Address: 2220 W. 29TH STREET
City-St-Zip: ORLANDO, FL 32805 US

Title: DR () Delete
Name: FLORENCE, ALEXANDER
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: DR () Delete
Name: STANLEY, ALEXANDER
Address: P.O, BOX 915144
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FLORENCE ALEXANDER

DR

01/10/2006

Electronic Signature of Signing Officer or Director

Date