
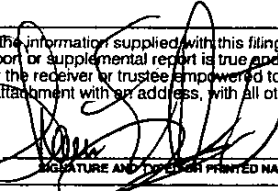


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90179 028 ****70.00

DOCUMENT # N04000006288 1. Entity Name AFRICAN AMERICAN FATHERHOOD ASSOCIATION, INC.					
Principal Place of Business 11818-D RAIN TREE LAKE LN TEMPLE TERR, FL 33617			Mailing Address 11818-D RAIN TREE LAKE LN TEMPLE TERR, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOBBS, PAMELA R 5916 5TH AVE N UNIT B3 ST PETERSBURG, FL 33710				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT		TITLE		
NAME	BROWN, SHAWN		NAME		
STREET ADDRESS	11818-D RAIN TREE LAKE LN		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERR, FL 33617		CITY-ST-ZIP		
TITLE	VS		TITLE		
NAME	HOBBS, PAMELA R		NAME		
STREET ADDRESS	5916 5TH AVE N UNIT B3		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			President, Shawn E. Brown		
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04-17-05 Daytime Phone #: 813-924-8943		