

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 044 \*\*\*\*70.00

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03062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000007452</b> 1. Entity Name <b>FEDERATION OF BLACK AMERICANS, INC.</b>					
Principal Place of Business <b>1709 NE LAMBRIGHT STREET TAMPA, FL 33610-3434</b>				Mailing Address <b>1709 NE LAMBRIGHT STREET TAMPA, FL 33610-3434</b>	
2. Principal Place of Business <b>1415 N. Kingsway Rd</b>		3. Mailing Address <b>1415 N. Kingsway Rd.</b>		4. FET Number <b>20-1516846</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For  <input type="checkbox"/> Not Applicable         </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Seffner, Fl.</b>		City & State <b>Seffner, Fl</b>			
Zip <b>33584</b>		Country <b>Hills</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCOLLOUGH, JUANITA 1709 NE LAMBRIGHT STREET TAMPA, FL 33610-3434</b>				7. Name and Address of New Registered Agent Name <b>Juanita McCollough</b> Street Address (P.O. Box Number is Not Acceptable) <b>1415 N. Kingsway Rd</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</b>	
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 <u>Juanita McCollough</u> (Juanita McCollough) <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCOLLOUGH, FREDERICK</b> <input checked="" type="checkbox"/> Delete <b>1709 NE LAMBRIGHT STREET</b> <b>TAMPA, FL 336103434</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Frederick A. McCollough</b> <b>5307 Bogdonoff Dr</b> <b>Seffner, Fl 33584</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MCCOLLOUGH, FREDERICK A</b> <b>937 NINA ELIZABETH CIRCLE #201</b> <b>BRANDON, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V. President</b> <b>Gregory Brown</b> <b>2113 Beach St.</b> <b>Tampa, Fl 33607</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MCCOLLOUGH, JUANITA</b> <b>0709 NE LAMBRIGHT STREET</b> <b>TAMPA, FL 336103434</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sec/Tres</b> <b>Juanita McCollough</b> <b>1415 N. Kingsway Rd</b> <b>Seffner, Fl 33584</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>YOUNG, MARK A</b> <b>3538 STEEPLE CHASE ROAD</b> <b>ZEPHYRHILLS, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Dorothy West</b> <b>4575 Frisco Circle</b> <b>Orlando, Fl 32808</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Juanita McCollough</u> <sup>sr</sup> (Juanita McCollough) <u>3/6/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					