



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90029 042 \*\*\*\*70.00

<b>DOCUMENT # N05000000028</b> 1. Entity Name <b>THE FRED G. MINNIS, SR. BAR FOUNDATION, INC.</b>																																																																																																																																													
Principal Place of Business P.O. BOX 1157 ST. PETERSBURG, FL 33731-1157			Mailing Address P.O. BOX 1157 ST. PETERSBURG, FL 33731-1157																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																											
City & State		City & State		01152006 Chg-NP CR2E037 (11/05)																																																																																																																																									
Zip		Country		4. FEI Number <b>25-1906012</b>																																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																																																																																																																																											
6. Name and Address of Current Registered Agent <b>MYERS-SIMMONDS, CAROLYN</b> <b>100 SECOND AVENUE SOUTH, SUITE 1100S</b> <b>ST. PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																									
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>CHAMPAGNE, LAGUERRA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, JOHN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>CAMPBELL, YA'SHEAKA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>MYERS-SIMMONS, CAROLYN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH-KHAN, CHERYL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, JEANNINE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 337311157</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	CHAMPAGNE, LAGUERRA	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Delete	NAME	RICHARDSON, JOHN	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Delete	NAME	CAMPBELL, YA'SHEAKA	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Delete	NAME	MYERS-SIMMONS, CAROLYN	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Delete	NAME	SMITH-KHAN, CHERYL	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Delete	NAME	WILLIAMS, JEANNINE	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 1157		CITY-ST-ZIP	ST. PETERSBURG, FL 337311157		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	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.																																																																																																																																													
<b>SIGNATURE:</b> <i>Carolyn Myers-Simmonds</i> <b>4/16/06</b> <b>(772) 272-8412</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													