

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000028

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE FRED G. MINNIS, SR. BAR FOUNDATION, INC.

**Current Principal Place of Business:**

1 FOURTH ST NORTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1157  
ST. PETERSBURG, FL 337311157

**New Mailing Address:**

**FEI Number:** 25-1906012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JEANNINE  
1 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33701 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: D ( ) Delete  
Name: CAMPBELL, YASHEAKA  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

Title: D ( ) Delete  
Name: RICHARDSON, JOHN  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

Title: D ( ) Delete  
Name: CHAMPAGNE, LAGUERRA  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

Title: D ( ) Delete  
Name: MYERS-SIMMONS, CAROLYN  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

Title: D ( ) Delete  
Name: SMITH-KHAN, CHERYL  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

Title: D ( ) Delete  
Name: WILLIAMS, JEANNINE  
Address: P.O. BOX 1157  
City-St-Zip: ST. PETERSBURG, FL 337311157

**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  
Name:  
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 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: JEANNINE WILLIAMS

DIR.

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date