

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90414 008 ****61.25

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DOCUMENT # N05000002036 1. Entity Name ANOTHER CHANCE FOR ALL PEOPLE INC.					
Principal Place of Business 2030 NW 95 ST MIAMI FL 33147			Mailing Address 2030 NW 95 ST MIAMI FL 33147		
2. Principal Place of Business		3. Mailing-Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0781953	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC GEE, GEORGE 2030 NW 95 ST MIAMI FL 33147				7. Name and Address of New Registered Agent	
				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 re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD ☐ Delete				
NAME	MCGEE, GEORGE				
STREET ADDRESS	2030 NW 95 ST				
CITY- ST- ZIP	MIAMI FL 33147				
TITLE	VD ☐ Delete				
NAME	JONES, WILLIE J				
STREET ADDRESS	2030 NW 95 ST				
CITY- ST- ZIP	MIAMI FL 33147				
TITLE	D ☐ Delete				
NAME	MCGEE, KENNETH				
STREET ADDRESS	2030 NW 95 ST				
CITY- ST- ZIP	MIAMI FL 33147				
TITLE	D ☐ Delete				
NAME	HARRIS, WILLIE				
STREET ADDRESS	2030 NW 95 ST				
CITY- ST- ZIP	MIAMI FL 33147				
TITLE	D ☐ Delete				
NAME	MCGEE, JAMES R				
STREET ADDRESS	2030 NW 95 ST				
CITY- ST- ZIP	MIAMI FL 33147				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>X George Mc Gee</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					