2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000382

FILED Jul 08, 2007 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF AFRICAN AMERICANS IN HUMAN RESOURCES JACKSONVILLE

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 65811 225 WATERS STREET

ORANGE PARK, FL 32065 SUITE 710

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

P.O. BOX 65811

ORANGE PARK, FL 32065

FEI Number: 52-2122803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROGERS, MICHAEL Q CEO
2715 PINEWOOD BLVD NORTH
MIDDLEBURG, FL 32068 US
ROGERS, MICHAEL Q ADVISOR
2715 PINEWOOD BLVD NORTH
JACKSONVILLE, FL 32068 US

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: MICHAEL Q. ROGERS, PAST PRESIDENT/CEO 07/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CEO () Delete
 Title:
 CEO (X) Change () Addition

 Name:
 ROGERS, MICHAEL Q
 Name:
 GROOMS, RICHARD D

 Address:
 2715 PINEWOOD BLVD NORTH
 Address:
 4517 CROSSTIE ROAD NORTH

 City-St-Zip:
 MIDDLEBURG, FL 32068
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: SVP () Delete Title: EVP (X) Change () Addition Name: WILLIAMS, EFFEREM O Name: CHAPPLE, JUDITH W

Address: 5353 SUMMIT LAKE DRIVE Address: 1604 ROYAL FERN LANE
City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: ORANGE PARK, FL 32003

Title: VP () Delete Title: VP (X) Change () Addition

Name: NORMAN, MARI-ESTHER C Name: WILKES, MICHAEL
Address: 1460 VANTAGE WAY Address: 1619 NOTTINGHAM KNOLL DRIVE

City-St-Zip: JACKSONVILLE, FL 32218

Address: 1619 NOT FINGHAM KNOLL DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Delete Title: () Change () Addition

 Name:
 WILKES, MICHAEL
 Name:

 Address:
 1619 NOTTINGHAM KNOLL DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

 Name:
 GARRISON-FULLWOOD, LATASHA
 Name:

 Address:
 ONE INDEPENDENT DRIVE, SUITE 1300
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32201
 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: RICHARD D. GROOMS CEO 07/08/2007