2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# N06000008002

Entity Name: AFRICAN AMERICAN ACCOUNTABILITY ALLIANCE OF ALACHUA COUNTY FLORIDA, INC.

Current Principal Place of Business:

1712 NE WALDO ROAD
GAINESVILLE, FL 32627

New Principal Place of Business:

Current Mailing Address:

1712 NE WALDO ROAD
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

SMALL, MARIE D
1712 NE WALDO ROAD
GAINESVILLE, FL 32627 US

Name and Address of New Registered Agent:

JACKSON, CHARLIE
P.O BOX 5502
GAINESVILLE, FL 32627 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: CHARLIE R. JACKSON 05/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LONG, RODNEY J
Address: 1712 NE WALDO ROAD
City-St-Zip: GAINESVILLE, FL 32609

Title: P ( ) Delete
Name: JENNINGS, ED JR.
Address: 1150 NE 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32627

Title: VP ( ) Delete
Name: MCDANIEL, LARRY
Address: 17209 NE 72ND PLACE
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: JACKSON, CHARLIE R
Address: 2708 NW 170 ST.
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Change (X) Addition
Name: SMALL, MARIE
Address: 1712 NE WALDO RD
City-St-Zip: GAINESVILLE, FL 32627

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: CHARLIE R. JACKSON T 05/30/2009
Electronic Signature of Signing Officer or Director Date