

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008798

FILED
Apr 29, 2008
Secretary of State

Entity Name: A. PHILIP RANDOLPH INSTITUTE OF CENTRAL FLORIDA, INC.,

Current Principal Place of Business:

2220 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568701
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 26-0869243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSINSKY & CATHCART, P.A.
2699 LEE ROAD
SUITE 101
ORLANDO, FL 32789 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/P () Delete
Name: HANCOCK, PHYLLIS
Address: 5418 LAKE MARGARET DRIVE - SUITE 1024
City-St-Zip: ORLANDO, FL 32812 US

Title: DVP () Delete
Name: WILSON, PAUL
Address: 3431 BRETWOOD DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: D/S () Delete
Name: TYLER,, JOHN
Address: 1044 CANDLE BERRY ROAD
City-St-Zip: ORLANDO, FL 32825 US

Title: D/T () Delete
Name: BOWERS, BETTY
Address: 7352 WOODWORTH WAY
City-St-Zip: ORLANDO, FL 32818 US

Title: D () Delete
Name: JOHNSON, GORDON SCOTT
Address: 318 CELLO CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: PHYLLIS HANCOCK

D/P

04/29/2008

Electronic Signature of Signing Officer or Director

Date