

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012196

FILED
May 14, 2009
Secretary of State

Entity Name: AARON O WILLIAMS VOCATIONAL CENTER INC.

Current Principal Place of Business:

5118 NORTH 56TH STREET
SUITE 113
TAMPA, FL 33610

New Principal Place of Business:

8302 RIVER OAKS CT
TAMPA, FL 33617

Current Mailing Address:

5118 NORTH 56TH STREET
SUITE 113
TAMPA, FL 33610

New Mailing Address:

PO BOX 291563
TAMPA, FL 33617

FEI Number: 22-3973654 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WILLIAMS, WANDA PSD
8302 RIVER OAKS CT
TAMPA, FL 33617 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: WANDA WILLIAMS

05/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WILLIAMS, WANDA
Address: 5118 NORTH 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: BROWN, CRYSTAL
Address: 5118 NORTH 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: HORNSBY, SYLVIA
Address: 5118 NORTH 56TH STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WILLIAMS, WANDA
Address: PO BOX 291563
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: BROWN, CRYSTAL
Address: PO BOX 291563
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: HORNSBY, SYLVIA
Address: PO BOX 291563
City-St-Zip: TAMPA, FL 33617

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: WANDA WILLIAMS

PDS

05/14/2009

Electronic Signature of Signing Officer or Director

Date