## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005590

FILED Jan 29, 2009 Secretary of State

Entity Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF CONSERVATIVE PEOPLE OF COLOR, INC.

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

420 E. NEW HAMPSHIRE AVE. DELAND, FL 32724

Current Mailing Address: New Mailing Address:

420 E. NEW HAMPSHIRE AVE. DELAND, FL 32724

FEI Number: 35-2340633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MENTZER, WALTER J
420 E. NEW HAMPSHIRE AVE.
DELAND, FL 32724 US

MENTZER, WALTER J
1081 TORCHWOOD DR..
DELAND, FL 32724 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: WALTER J. MENTZER 01/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ( ) Change (X) Addition MARCUS, LLOYD Name: Name: Address: Address: 1588 CLEARFIELD ST City-St-Zip: City-St-Zip: DELTONA, FL 32725 Title: Title: VP. ( ) Change (X) Addition ( ) Delete Name: Name: VALDES, TERESA Address: Address: P.O.BOX 290263 City-St-Zip: City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: SEC. ( ) Change (X) Addition MARCUS, MARY P Name: Name: 1588 CLEARFIELD ST. Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32725

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

 Name:
 Name:
 MENTZER, WALTER J

 Address:
 Address:
 1081 TORCHWOOD DR.

 City-St-Zip:
 City-St-Zip:
 DELAND, FL 32724

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: WALTER J. MENTZER TRES 01/29/2009