

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006522

FILED
Apr 10, 2012
Secretary of State

Entity Name: MIDDLE PASSAGE CEREMONIES AND PORT MARKERS PROJECT, INC.

Current Principal Place of Business:

214 WEST 11TH ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

214 WEST 11TH ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 45-4601270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINN, ANN LOUISE
214 WEST 11TH ST
JACKSONVILLE, FL 32206 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: DC
Name: CHINN, ANN LOUISE
Address: 214 WEST 11TH ST
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: TV
Name: MORAGNE, DONALD CARROLL
Address: 3 BETHESDA METRO CENTER, SUITE 700
City-St-Zip: BETHESDA, MD 20814 US

Title: S
Name: MALACHI, KAREN JOYCE
Address: 7413 VISTA POINTE TRAIL
City-St-Zip: STONE MOUNTAIN, GA 30087 US

Title: M
Name: HAMILTON, WILLIAM HENRY JR
Address: 1152 SOUTH BROOK ST, SUITE 3
City-St-Zip: LOUISVILLE, KY 40203 US

Title: M
Name: STANDLY, BENETTA M
Address: 126 WEST ADAMS STREET, 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: M
Name: COBB, ZORA
Address: 214 WEST 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby 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 all other like empowered.

SIGNATURE: ANN LOUISE CHINN

D

04/10/2012

Electronic Signature of Signing Officer or Director

Date