

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008232

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** THE FREDERICK DOUGLASS SCHOOL BLACK EDUCATORS' PROJECT, INC.

**Current Principal Place of Business:**

420 COUNTY RD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

420 COUNTY RD  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 35-2413250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, DETRA S  
424 COUNTY RD  
KEY WEST, FL 33040 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:** P  
**Name:** SMITH, JOHN W  
**Address:** 5208 BAY SHORE RD  
**City-St-Zip:** SARASOTA, FL 34234

**Title:** S  
**Name:** FISHER, DETRA S  
**Address:** 424 COUNTY RD  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** T  
**Name:** SOMMERS, GWENDOLYN R  
**Address:** 303 CROSS ST  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** D  
**Name:** BURGOHY, MECHELLE  
**Address:** 315 CROSS ST  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** D  
**Name:** IRVING, VIRGINIA B  
**Address:** 2600 10TH ST S  
**City-St-Zip:** ST PETERSBURG, FL 33705

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:** GWENDOLYN R. SOMMERS

T

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date