## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000008302

**FILED** May 01, 2012 Secretary of State

Entity Name: AFRICAN AMERICAN WOMEN'S HISTORY MONTH PROJECT, INC.

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

6129 RALEIGH STREET 6129 RALEIGH STREET ORLANDO, FL 32835

#812

ORLANDO, FL 32835

**Current Mailing Address: New Mailing Address:** 

6129 RALEIGH STREET 6129 RALEIGH STREET ORLANDO, FL 32835 #812

ORLANDO, FL 32835

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WILLIAMS, CHENISE L 6129 RALÉIGH STREET ORLANDO, FL 32835

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:**

WILLIAMS, CHENISE L Name: Address: 6129 RALEIGH STREET #812 City-St-Zip: ORLNANDO, FL 32835

Title:

Name: HILL-WHITE, SHEILA

Address: 1864 WILLIAMS MANOR AVENUE

City-St-Zip: ORLANDO, FL 32811

Title:

DELAUGHTER, GAY Name: Address: 820 ALFRED DR. City-St-Zip: ORLANDO, FL 32810

Title:

Name: WALTERS, CLARA L 334 VENTURA AVENUE Address: City-St-Zip: ORLANDO, FL 32805

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: CHENISE LYTRELLE WILLIAMS

**MRS** 

05/01/2012