2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38600

FILED Jan 14, 2005 Secretary of State

Entity Name: AFRICAN-AMERICAN LEADERSHIP COUNCIL, INC.

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

354 JACKSON STREET DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

354 JACKSON STREET DUNEDIN, FL 34698

FEI Number: 59-3047645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HABEEB-ULLAH, BILAL F.

354 JACKSON STREET

DUNEDIN, FL 34698 US

HABEEB-ULLAH, BILAL F

354 JACKSON STREET

DUNEDIN, FL 34698 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: BILAL F. HABEEB-ULLAH 01/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HABEEB-ULLAH, BILAL, F.
 Name:
 HABEEB-ULLAH, BILAL F

 Address:
 354 JACKSON ST.
 Address:
 354 JACKSON ST.

 City-St-Zip:
 DUNEDIN, FL
 34698

Title: D () Delete Title: D (X) Change () Addition Name: ELLIOT, BERNICE Name: ELLIOT, BERNICE

Name:ELLIOT, BERNICEName:ELLIOT, BERNICEAddress:1428 OVERLEA STREETAddress:1428 OVERLEA STREETCity-St-Zip:CLEARWATER, FLCity-St-Zip:CLEARWATER, FL33755

Title: D () Delete Title: () Change () Addition

 Name:
 ABDUR-RAHIM, MUHAMMAD
 Name:

 Address:
 1028 NORTH MADISON AVE
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 ELLIOT, ANNETTE E
 Name:

 Address:
 1428 OVERLEA STREET
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:

 Name:
 BIREDA, MARTHA R
 Name:
 BIREDA, MARTHA R

 Address:
 PO BOX 10171 N/A
 Address:
 P.O. BOX 510818

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 PUNTA GORDA, FL 33951

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

 Name:
 Name:
 PORTER-MIMS, DIANE

 Address:
 Address:
 609 MERES BOULEVARD

 City-St-Zip:
 City-St-Zip:
 TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILAL F. HABEEB-ULLAH PD 01/14/2005