


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90666 011 ****70.00

DOCUMENT # N43627 1. Entity Name THE CARTER G. WOODSON COMMITTEE FOR POSITIVE EDUCATION OF JACKSONVILLE, INC.					
Principal Place of Business P.O. BOX 12001 JACKSONVILLE, FL 32209			Mailing Address P.O. BOX 12001(JAX.) JACKSONVILLE, FL 32209 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYANT, STEPHANIE SHADIDI AMMA 4250 CARROLL DR. JACKSONVILLE, FL 32209				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUNSILL, LAURENCE, SR.		NAME		
STREET ADDRESS	1947 W. 30 ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUNSILL, LATRESE		NAME	TANNA COLEMAN	
STREET ADDRESS	6233 DELLA CT		STREET ADDRESS	2627 ARMSDALE RD. N	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JAX FL 32218	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, STEPHANIE S. A.		NAME		
STREET ADDRESS	4250 CARROLL DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCKWOOD, BARBARA		NAME		
STREET ADDRESS	9419 GIBSON AVE.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUNSILL, NELLIE		NAME	MALACHI BEYAH	
STREET ADDRESS	1947 W. 30 ST.		STREET ADDRESS	P.O. BOX 12104	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JAX FL 32209	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, RALPH		NAME		
STREET ADDRESS	2727 VAN GUNDY RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stephanie S.A. Bryant</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/28/04</u> Daytime Phone # _____		