

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43627

FILED
Feb 02, 2007
Secretary of State

Entity Name: THE CARTER G. WOODSON COMMITTEE FOR POSITIVE EDUCATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

P.O. BOX 12001
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

818 A. PHILLIP RANDOLPH BLVD
JACKSONVILLE, FL 32206 US

Current Mailing Address:

P.O. BOX 12001(JAX.)
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-3083697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRYANT, STEPHANIE SHADIDI AMMA
4250 CARROLL DR.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

BRYANT, PATRICK I.
3418 NATALIE DRIVE S
JACKSONVILLE, FL 32218 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: PATRICK I. BRYANT

02/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUNSILL, LAURENCE, S, R.
Address: 1947 W. 30 ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S () Delete
Name: COLEMAN, TANNA
Address: 2627 ARMSDALE RD N
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D () Delete
Name: BRYANT, STEPAHNIE S., A.
Address: 4250 CARROLL DR.
City-St-Zip: JACKSONVILLE, FL US

Title: O () Delete
Name: MARLEY, LORAIN
Address: 8452 ALLWINE COURT
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D () Delete
Name: BEYAH, MALACHI
Address: PO BOX 12104
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: WILSON, ROBERT
Address: 8612 OAKLEAF RD.
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRYANT, PATRICK I.,
Address: 3418 NATALIE DRIVE S
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICK I. BRYANT

D

02/02/2007

Electronic Signature of Signing Officer or Director

Date