


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000000479						<p>FILED</p> <p>07 OCT 17 AM 8:23</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name D.H.S. TASK FORCE AND ALUMNI FOR EQUAL AND QUALITY EDUCATION INC.							
Principal Place of Business 1324 N.W. 27TH AVE. FT. LAUDERDALE, FL 33311			Mailing Address P.O. BOX 9406 FORT LAUDERDALE, FL 33310				
2. Principal Place of Business - No P.O. Box #				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 DAVENPORT, OZZIE M 331 NW 27 AVE FT. LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25			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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVENPORT, OZZIE M 331 NW 27 AVE FT. LAUDERDALE, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D 10/24/07 500111244145 10/24/07--01003--007 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, MELVIN 4761 NW 17 STREET FORT LAUDERDALE, FL 33313			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D THOMAS, EARL 3089 N.W. 20 th STREET FORT LAUDERDALE, 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MILDRED C 4761 N.W. 17TH STREET LAUDERHILL, FL 33313			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FELDER A. CHERYL 7480 N.W. 21 COURT MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRISOM, JOSEPH 4520 NW 6 COURT FORT LAUDERDALE, FL 33317			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FELDER A. CHERYL 7480 N.W. 21 COURT MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, NATHANIEL 4761 NW 17TH ST. FORT LAUDERDALE, FL 33313			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FELDER A. CHERYL 7480 N.W. 21 COURT MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ozzie M. Davenport</i>				10-14-07 954-418-4024			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			