

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000479

FILED
Apr 28, 2008
Secretary of State

Entity Name: D.H.S. TASK FORCE AND ALUMNI FOR EQUAL AND QUALITY EDUCATION INC.

Current Principal Place of Business:

1324 N.W. 27TH AVE.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9406
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0359532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVENPORT, OZZIE M
331 NW 27 AVE
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

DAVENPORT, OZZIE M
1324 NW 27 AV
FT. LAUDERDALE, FL 33311 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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVENPORT, OZZIE M
Address: 331 NW 27 AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD () Delete
Name: BARNES, MELVIN
Address: 4761 NW 17 STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: TVD () Delete
Name: THOMAS, EARL
Address: 3089 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD () Delete
Name: DRISOM, JOSEPH
Address: 4520 NW 6 COURT
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: SVD () Delete
Name: FELDER, A. CHERYL
Address: 7480 NW 21 COURT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVENPORT, OZZIE M
Address: 1324 NW 27 AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

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

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 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: CHERYL A FELDER

SVD

04/28/2008

Electronic Signature of Signing Officer or Director

Date