NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State
04-30-2003 90147 031 ****70.00

DOCUMENT # N93000004479

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

DO NOT WRITE IN THIS SPACE

55045967

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2. Principal Place of Business	3. Mailing Address
1324 N.W. 27TH AVE Suite, Apt. #, etc.	P.O. BOX 9406 Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33311 Country: U.S.A.	Zip: 33310-9406 Country: USA

4. FEI Number: 65-0359532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: OZZIE M. DAVENPORT
Street Address (P.O. Box Number is Not Acceptable): 331 NW 27 AVE
City: FORT LAUDERDALE FL Zip Code: 33311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D NAME OZZIE DAVENPORT STREET ADDRESS 331 N.W. 27 AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S/D NAME MILDRED SMITH STREET ADDRESS 4761 NW. 17 STREET CITY-ST-ZIP LAUDERHILL FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T/D NAME NATHANIEL SMITH STREET ADDRESS 4761 N.W. 17 STREET CITY-ST-ZIP LAUDERHILL, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MELVIN BARNES STREET ADDRESS 310 S.W. 30TH AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V/P/D NAME JOSEPH DRISDOM STREET ADDRESS 6520 N.W. 6 COURT CITY-ST-ZIP PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ OZZIE DAVENPORT 954-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 23 Date 730-7851 Daytime Phone #