

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001531
 1. Entity Name
 THE MINORITY AIDS COALITION OF JACKSONVILLE, INC.



Principal Place of Business: 330 W STATE STREET, JACKSONVILLE, FL 32202
 Mailing Address: 660 PARK ST, JACKSONVILLE, FL 32204 US



07142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3274346
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 WILLIAMS, DERYA
 660 PARK ST
 JACKSONVILLE, FL 32204

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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)

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, DERYA
STREET ADDRESS	1538 WINDY OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	T
NAME	WILLIAMS, DELANEY
STREET ADDRESS	4886 UNIVERSITY BLVD. NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VCD
NAME	WALKER, GLORIA
STREET ADDRESS	1126 SQUIRREL COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	MASTERS, ESMIN
STREET ADDRESS	11437 SWORDFISH DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/22/04-80009-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Derya E. Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04 (904) 899-6300 x4114
 Date Daytime Phone #