

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001531

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** THE MINORITY AIDS COALITION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

330 W STATE STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

660 PARK ST  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 59-3274346      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, DERYA  
660 PARK ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, DERYA  
Address: 1538 WINDY OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete  
Name: WILLIAMS, DELANEY  
Address: 4686 UNIVERSITY BLVD. NORTH  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VCD ( ) Delete  
Name: WALKER, GLORIA  
Address: 1126 SQUIRREL COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: MASTERS, ESMIN  
Address: 11437 SWORDFISH DR  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DERYA E. WILLIAMS

Electronic Signature of Signing Officer or Director

CHAI

07/05/2006

Date