

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001531

FILED
Apr 30, 2007
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 ()

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 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 WILLIAMS

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date