

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:09

DOCUMENT # N94000005634 (0)

1. Corporation Name

THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2134 PINELLAS POINT DR S ST PETERSBURG FL 33712	Mailing Address P O BOX 13905 ST PETERSBURG FL 33733-3905
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3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report
4. FEI Number 59-3275268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**COLLIER, BERNITA F
1465 13TH ST S #2
ST PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	REMBERT, RHONDA B
STREET ADDRESS	2134 PINELLAS POINT DR S
CITY - ST - ZIP	ST PETERSBURG FL 33712
TITLE	DV
NAME	COLLIER, BERNITA F
STREET ADDRESS	1465 13TH ST S
CITY - ST - ZIP	ST PETERSBURG FL 33705
TITLE	DRS
NAME	WILLIAMS, VERNA
STREET ADDRESS	4691 YARMOUTH AVE S
CITY - ST - ZIP	ST PETERSBURG FL 33711
TITLE	CS
NAME	SKINNER, BEVERLY B
STREET ADDRESS	2500 68TH TER S #410
CITY - ST - ZIP	ST PETERSBURG FL 33712
TITLE	T
NAME	WILLIAMS, TERESA G
STREET ADDRESS	3861 38TH ST S
CITY - ST - ZIP	ST PETERSBURG FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Collier, Bernita F.</i>
2.3 STREET ADDRESS	<i>5455 - 21st Way S. Apt # 1101</i>
2.4 CITY - ST - ZIP	<i>St. Pete, Fla. 33712</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Teresa G. Williams* **5/18/95** **813-866-8963**
DATE PHONE NUMBER