

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 422-96

B

4135

NC

DOCUMENT # N94000005634 (0)

1. Corporation Name

THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.



Principal Place of Business

2134 PINELLAS POINT DR S
ST PETERSBURG FL 33712

Mailing Address

P O BOX 13905
ST PETERSBURG FL 33733-3905

3. Date Incorporated or Qualified
11/15/1994

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21

Suite Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3275268

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
REMBERT, RHONDA B
2134 PINELLAS POINT DR S
ST PETERSBURG FL 33712

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
COLLIER, BERNITA F
5455 21ST WAY APT 1101
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DRS
WILLIAMS, VERNA
4691 YARMOUTH AVE S
ST PETERSBURG FL 33711

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CS
SKINNER, BEVERLY B
2500 66TH TER S #410
ST PETERSBURG FL 33712

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
WILLIAMS, TERESA G
3861 38TH ST S
ST PETERSBURG FL 33711

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(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:

Joseph M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996
Date

866-8963
Daytime Phone #

CR2E037 (12/95)