


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 04/22/1996
4. FEI Number 59-3275268	Applied For <input type="checkbox"/> Not Applicable
6. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 Country	28 Zip Country
24	29

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 Teresa G. Williams
82 Street Address (P.O. Box Number is Not Acceptable) 3861 38th St. So.
83
84 City St. Pete.
85 Zip Code FL 33711

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: *Teresa G. Williams* DATE: **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, RHONDA B	1.2 NAME	
STREET ADDRESS	2134 PINELLAS POINT DR S	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33712	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BERNITA F	2.2 NAME	
STREET ADDRESS	5455 21ST WAY APT 1101	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	DRS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, VERNA	3.2 NAME	
STREET ADDRESS	4691 YARMOUTH AVE S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33711	3.4 CITY - ST - ZIP	
TITLE	CS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, BEVERLY B	4.2 NAME	
STREET ADDRESS	2500 68TH TER S #410	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33712	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TERESA G	5.2 NAME	
STREET ADDRESS	3861 38TH ST S	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33711	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: **4/30/97** 803
866-8963
Daytime Phone # 0061355

CR2E037 (9/96)