

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005634**

1. Entity Name

THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90222 013 ****61.25

Principal Place of Business

1210 FARGO STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address

1210 FARGO STREET SOUTH
ST. PETERSBURG FL 33712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3275268

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WILLIAMS, TERESA G**
3861 38TH STREET SOUTH
ST PETERSBURG FL 33711**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
FERGUSON, RALPH
1210 FARGO STREET SOUTH
ST. PETERSBURG FL 33712 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
GEORGE, KEITH F
4271 15TH AVENUE SOUTH
ST PETERSBURG FL 33711 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
FRANKLIN, BERNITA
5455 21ST WAY SOUTH #1101
ST PETERSBURG FL 33712 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
WILLIAMS, TERESA G
3861 38TH STREET SOUTH
ST. PETERSBURG FL 33711 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa G. Williams **01/28/02 727-866-8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)