

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

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

DOCUMENT # N94000005634

1. Entity Name

THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.

Principal Place of Business

Mailing Address

**FARGO STREET SOUTH
 PETERSBURG FL 33712**

**1210 FARGO STREET SOUTH
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**WILLIAMS, TERESA G
 3861 38TH STREET SOUTH
 ST PETERSBURG FL 33711**

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D FERGUSON, RALPH 1210 FARGO STREET SOUTH ST. PETERSBURG FL 33712 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D GEORGE, KEITH F 4271 15TH AVENUE SOUTH ST PETERSBURG FL 33711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D FRANKLIN, BERNITA 5455 21ST WAY SOUTH #1101 ST PETERSBURG FL 33712 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D WILLIAMS, TERESA G 3861 38TH STREET SOUTH ST. PETERSBURG FL 33711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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* **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)