


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005634**  
1. Entity Name  
**THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.**



Principal Place of Business      Mailing Address  
1210 FARGO STREET SOUTH      1210 FARGO STREET SOUTH  
ST. PETERSBURG, FL 33712      ST. PETERSBURG, FL 33712

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-3275268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FERGUSON, RALPH JR  
1210 FARGO STREET SO  
ST PETERSBURG, FL 33711

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FERGUSON, RALPH 1210 FARGO STREET SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GEORGE, KEITH F 4271 15TH AVENUE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FRANKLIN, BERNITA 5455 21ST WAY SOUTH #1101 ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WILLIAMS, TERESA G 3861 38TH STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, LUCRETIA 3820 1ST AVE SO SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000183975  
01/20/05-80012-003 61.25

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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:** *Ralph Ferguson*      *Ralph Ferguson*      1-11-05      727-328-8605  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #