


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 050 ****61.25

DOCUMENT # N94000005634

1. Entity Name
THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.



Principal Place of Business Mailing Address

**1210 FARGO STREET SOUTH
ST. 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.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For

59-3275268 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**FERGUSON, RALPH JR
1210 FARGO STREET SO
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ralph Ferguson Ralph Ferguson 2-21-06

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
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, Keith F	
STREET ADDRESS	4271 - 15th Ave. So.	
CITY-ST-ZIP	ST. Petersburg, FL 33711	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Alverdean	
STREET ADDRESS	4635- Catalonia Way So	
CITY-ST-ZIP	ST. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferguson, Ralph	
STREET ADDRESS	1210 - Fargo St. So.	
CITY-ST-ZIP	ST. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: RALPH FERGUSON Ralph Ferguson 2-21-06 727-328-8605