

# 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

1210 FARGO STREET SOUTH  
ST. PETERSBURG FL 33712

Mailing Address

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3275268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SIGNATURE Ralph Ferguson

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

Ralph Ferguson

(NOTE: Registered Agent signature required when reappointing)

2-21-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Delete  
NAME FERGUSON, RALPH  
STREET ADDRESS 1210 FARGO STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE P/D ☐ Change ☒ Addition  
NAME GEORGE, Keith F  
STREET ADDRESS 4271-15th Ave. So.  
CITY-ST-ZIP ST. Petersburg, FL 33711

TITLE VP/D ☒ Delete  
NAME GEORGE, KEITH F  
STREET ADDRESS 4271 15TH AVENUE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE VP/D ☐ Change ☒ Addition  
NAME Robinson, Alverdean  
STREET ADDRESS 4635- Catalonia Way So  
CITY-ST-ZIP ST. Petersburg, FL 33712

TITLE S/D ☐ Delete  
NAME FRANKLIN, BERNITA  
STREET ADDRESS 5455 21ST WAY SOUTH #1101  
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D ☒ Delete  
NAME WILLIAMS, TERESA G  
STREET ADDRESS 3861 38TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE T/D ☐ Change ☐ Addition  
NAME Ferguson, Ralph  
STREET ADDRESS 1210-Fargo St. So.  
CITY-ST-ZIP ST. Petersburg, FL 33712

TITLE TD ☐ Delete  
NAME CRAWFORD, LUCRETIA  
STREET ADDRESS 3820 1ST AVE SO  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: RALPH FERGUSON

Ralph Ferguson

2-21-06

727-328-8605