


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005634</b>		
1. Entity Name <b>THE AFRICAN-AMERICAN GRADUATES OF 1975, INC.</b>		
Principal Place of Business <b>1210 FARGO STREET SOUTH ST. PETERSBURG, FL 33712</b>	Mailing Address <b>1210 FARGO STREET SOUTH ST. PETERSBURG, FL 33712</b>	



01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>FERGUSON, RALPH JR 1210 FARGO STREET SO ST PETERSBURG, FL 33711</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Ralph Ferguson Sr.* **RALPH Ferguson Sr. T/D** **3/23/07**  
Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GEORGE, KEITH F 4271 15TH AVE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ROBINSON, ALVERDEAN 4635 CATALONIA WAY SOUTH SAINT PETERSBURG, FL 33712
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 FERGUSON, RALPH 1210 FARGO ST SOUTH SAINT PETERSBURG, FL 33712
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	

U00000680235  
04/03/07-80070-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Sr.* **Ralph Ferguson Sr.** **3/23/07** **727-328-8605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #