


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**


**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
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3275268	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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 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	

U00000832741  
02/27/08-80072-003 61.25

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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: Keith L. George KEITH L. GEORGE 2/14/08 (727) 921-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #