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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000680 (5)**

1. Corporation Name

MINORITY CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

**2532 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**2532 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

59-3436916

Applied For

Not Applicable

2. Principal Place of Business

21 2301 2nd Ave So.

2a. Mailing Address

26 2301 2nd Ave. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Pete. FL 33712

City & State

28 St. Petersburg, FL 33712

Zip

24 33712

Country

25 USA

Zip

29 33712

Country

30 USA

9. Name and Address of Current Registered Agent

**TURNER, SHEILA D
133 FIRST STREET NE
SUITE 2
ST. PETERSBURG FL 33701-3382**

10. Name and Address of New Registered Agent

81 Name Sharon Petersbn

82 Street Address (P.O. Box Number is Not Acceptable)

2301 2nd Ave. South

83

St. Petersburg, FL 33712

84 City

St. Petersburg, FL

FL

85 Zip Code

33712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Register of Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME ALI, OUSMAN
STREET ADDRESS 4328 TARPON DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705**

TITLE ☐ DELETE

**VD
NAME PETERSON, SHARON
STREET ADDRESS 2532 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713**

TITLE ☐ DELETE

**TD
NAME SLY, ENORIS
STREET ADDRESS 725 ISLAND HARBOR DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33708**

TITLE ☐ DELETE

**SD
NAME PETERSON, SHARON
STREET ADDRESS 2532 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713**

TITLE ☐ DELETE

**D
NAME ROBERTSON, EUGENE
STREET ADDRESS 2034 14TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33713**

TITLE ☐ DELETE

**D
NAME KETTLES, CLAYTON
STREET ADDRESS 2401 17TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**Clayton Kettles-President
2301 2nd Ave. South
St. Petersburg, FL 33712**

2.1 TITLE ☒ Change ☐ Addition

**VD
NAME Leroy Goodman
STREET ADDRESS 2301 2nd Ave. South
CITY-ST-ZIP St. Petersburg, FL 33712**

3.1 TITLE ☐ Change ☐ Addition

**TD
NAME Jean Wiggins
STREET ADDRESS 2301 2nd Ave. South
CITY-ST-ZIP St. Petersburg, FL 33708**

4.1 TITLE ☒ Change ☐ Addition

**Executive Director
Peterson, Sharon - 2301 2nd Ave. So
St. Petersburg, FL 33712**

5.1 TITLE ☒ Change ☐ Addition

**Robert Rodriguez
2301 2nd Ave South
St. Petersburg, FL 33705**

6.1 TITLE ☒ Change ☐ Addition

**D
NAME Buba Barrows
STREET ADDRESS 2301 2nd Ave. South
CITY-ST-ZIP St. Petersburg, FL 33712**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051827

CR2E037 (10/97)