


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004452	
1. Entity Name MINORITIES IN POLITICS, INC.	

Principal Place of Business 7648 TELFORD CT. ORLANDO, FL 32818	Mailing Address 7648 TELFORD CT. ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3467878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RISPER, JOHN C
7648 TELFORD CT.
ORLANDO, FL 32818**

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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 reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISPER, JOHN C 7648 TELFORD CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECOSEY, VALERIE 1429 KURUME COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBBS-BRADY, ANGELA 3333 VALEVIEW DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VATSON, BERNARD 4403 OAKHAM CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000320959
04/21/05-80057-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John C. Risper JOHN C. RISPER 4/18/05 (407) 298-5649

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