

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-27-2006 90255 041 ****70.00

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**

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

59-3467878

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete
NAME **D RISPER, JOHN C**
STREET ADDRESS **7648 TELFORD CT.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME **D DECOSEY, VALERIE**
STREET ADDRESS **1429 KURUME COURT**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME **D SUBBS-BRADY, ANGELA**
STREET ADDRESS **3333 VALEVIEW DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
NAME **D VATSON, BERNARD**
STREET ADDRESS **4403 OAKHAM CT.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

John C. Risper **JOHN C. Risper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

(407) 921-5543

DATE

Daytime Phone #