


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 008 ****70.00

DOCUMENT # N99000004214 1. Entity Name AFRICAN AMERICAN FAMILY LIAISON ORGANIZATION INC.					
Principal Place of Business 1014 MEADOWCREST DR. VALRICO, FL 33594			Mailing Address 1014 MEADOWCREST DR VALRICO, FL 33591		
2. Principal Place of Business 1014 Meadowcrest Dr.		3. Mailing Address P.O. Box 1803			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Valrico, Fla.		City & State Seffner Fla.		4. FEI Number 59-3637303	
Zip 33591		Country America		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33583		Country Hillborough		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REGENCY INTERNATIONAL SERVICES INC PASTOR YVONNE BARNES 412 MADISON ST, STE. 911 TAMPA, FL 33604			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> SIGNATURE Pastor Yvonne Barnes <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 4/27/2006 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	CDMC HAYES, JOHN C JR 1014 MEADOWCREST DR. VALRICO, FL 33594	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	COC QUICAL, CYNTHIA LPN 1014 MEADOWCREST DR. VALRICO, FL 33594	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PC RAMOS, NIOMIES LPNCO-C 1014 MEADOWCREST DR. VALRICO, FL 33594	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PC SMALLEY, JAMES DEACON 2220 JOHN MOORE RD BRANDON, FL 33511	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TS MOORE, DARLENE CO-C 2634 PIONEER DAYS LANE TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	A-CO FLOYD, ANDREW 2318 3RD AVE TAMPA, FL 33605	<input type="checkbox"/> Delete			
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 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: John P. Hayes 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					