

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005865

FILED
Apr 16, 2009
Secretary of State

Entity Name: COALITION FOR BLACK STUDENT ACHIEVEMENT, INC.

Current Principal Place of Business:

625 W. 10TH STREET
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9336
RIVIERA BEACH, FL 33419 US

New Mailing Address:

FEI Number: 65-0962758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROSE ANNE
625 W. 10TH STREET
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, ROSE ANNE
Address: 625 W. 10TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T () Delete
Name: BECTON, HYACINTHIA
Address: 500 W. 24TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: S () Delete
Name: ANDREWWIN, MICHELLE
Address: 5401 LAKE SHORE DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BESS, ALEXANDER
Address: 4771 PINE KNOTT LANE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: JONES, MIKEL
Address: 5725 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DUPONT, MARY ANN
Address: 408 S. MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIDLEY, CHUCK
Address: 137 SW 12TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, ROSE ANNE
Address: 625 W 10TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK RIDLEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date